FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000070662 (9)**

1. Corporation Name

PBG MEDICAL MALL MOB 1, INC.

Principal Place of Business	Mailing Address
PHILLIPS POINT STE. 1000 EAST 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33402	PHILLIPS POINT STE. 1000 EAST 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33402

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **09/25/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0537302** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUNT, THOMAS P
PHILLIPS POINT STE. 1000 EAST
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Required when mandatory)

12. OFFICERS AND DIRECTORS		
TITLE	CO	☐ DELETE
NAME	ABRAHAM D. GOSMAN	
STREET ADDRESS	513 N. COUNTY RD	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	V	☐ DELETE
NAME	MICHAEL GOSMAN	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	V	☐ DELETE
NAME	ANDREW GOSMAN	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	T	☐ DELETE
NAME	FREDRICK R. LEATHERS	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA	
TITLE	VS	☒ DELETE
NAME	RICHARD S. MANN	
STREET ADDRESS	197 FIRST AVE.	
CITY-ST-ZIP	NEEDHAM MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/S	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	Joel A. Kanter	
4.3 STREET ADDRESS	197 First Avenue	
4.4 CITY-ST-ZIP	Needham MA 02194	
5.1 TITLE	V/S	☐ Change ☒ Addition
5.2 NAME	James M. Clary, III	
5.3 STREET ADDRESS	197 First Avenue	
5.4 CITY-ST-ZIP	Needham, MA 02194	
6.1 TITLE	000018419[illegible]	☐ Change ☐ Addition
6.2 NAME	-05/29/96--01019--031	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/29/96 617 433-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #