

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 # P95000000928 (8)

1. Corporation Name

HOLLYWOOD MEDICAL CORPORATION



Principal Place of Business

4491 S STATE ROAD 7
FT LAUDERDALE FL 33314

Mailing Address

4491 S STATE ROAD 7
FT LAUDERDALE FL 33314

3. Date Incorporated or Qualified
01/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0564320

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

10. Name and Address of New Registered Agent

BEILLY, ROXANNE K ESQ
200 E LAS OLAS BLVD SUITE 1900
FT LAUDERDALE FL 33301

81 Name
Francine T. Orsini

82 Street Address (P.O. Box Number is Not Acceptable)
4491 South State Road Seven, Suite 200

83

84 City
Ft. Lauderdale

FL 85 Zip Code
33314

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 *Francine T. Orsini*

Francine T. Orsini

4/5/96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KLAMM, ULLRICH PH D
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D ☐ DELETE
NAME BOISVERT, LOUIS W III
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D ☐ DELETE
NAME WESTER, JUAN MD
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D ☐ DELETE
NAME PIROSO, ETTORE MD
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D ☐ DELETE
NAME SPERBER, SILVIO MD
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE D ☐ DELETE
NAME BUECHNER, TERRENCE
STREET ADDRESS % 4491 S STATE ROAD 7
CITY-ST-ZIP FT LAUDERDALE FL 33314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPC ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ullrich Klamm, Ph.D. 4/5/96 (954) 321-9555

Date

Daytime Phone #

CR2E034 (12/95)