

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 # P95000003160 (5)

1. Corporation Name

BEHAVIORAL MEDICINE INSTITUTE OF SOUTH FLORIDA,
INC.



Principal Place of Business

2699 STIRLING ROAD STE. C-107
FORT LAUDERDALE FL 33312

Mailing Address

2699 STIRLING ROAD STE. C-107
FORT LAUDERDALE FL 33312

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FET Number

65 0546908

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

MAGID, GARY S M.D.
2699 STIRLING ROAD STE. C-107
FORT LAUDERDALE FL 33312

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

Signature typed or printed (Name of registered agent if a natural person)

(If not Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P

STREET ADDRESS GERALD GLUCK

CITY-ST-ZIP 2699 STIRLING RD

FT LAUDERDALE, FL 33312

TITLE ☐ DELETE

NAME VP

STREET ADDRESS GARY S MAGID

CITY-ST-ZIP 2699 STIRLING RD

FT LAUDERDALE, FL 33312

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

GARY MAGID, MD, PA

2699 STIRLING RD., C107

FT LAUDERDALE, FL 33312

Medical Director

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100001896281

-07/17/96--01032--016

***200.00

4/30/96 (9541)962.5550

CS 5/1/96

CR2E034 (12/95)