

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # P95000039333 (6)

1. Corporation Name

FAMILY INSTITUTE OF BOCA RATON, INC.



Principal Place of Business

6100 GLADES R  
SUITE 302  
BOCA RATON FL 33431  
US

Mailing Address

4800 NO. FEDERAL HIGHWAY STE 307-B  
BOCA RATON FL 33431-5145

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-2583038

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

CAP SERVICE CORP.  
4800 NO. FEDERAL HIGHWAY STE 307-B  
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
TUCKER, KENNETH  
STREET ADDRESS 21383 ESCONDIDO WAY SO.  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME TD  
YACONA, ANTHONY M.D.  
STREET ADDRESS 1251 PATCH PALM DRIVE  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME SD  
HIMMELBAUM, HANK  
STREET ADDRESS 7417 ESTRELLA CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME V.P.  
MARSELLA, Gregory, M.D.  
STREET ADDRESS 3407 SO. OCEAN BLVD., #10D  
CITY-ST-ZIP HIGHLAND BEACH, FL 33434

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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

V.P.  
MARSELLA, GREGORY, M.D.  
3407 SO. OCEAN BLVD., #10D  
HIGHLAND BEACH, FL 33434

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 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

*[Handwritten Signature]* 4-14-97 (561) 487-8733

CR2E034 (9/96)