

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15 1998 8:00am  
Secretary of State

DOCUMENT # **P96000031878 (7)**

1. Corporation Name:

**PBG MEDICAL MALL MOB 3, INC.**



Principal Place of Business

**777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401**

Mailing Address

**197 FIRST AVE  
NEEDHAM MA 02194  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1996**

4. FEI Number

**05-0664516**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
W PALM BEACH FL 33401**

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 **PTD**  
NAME **GOSMAN, ABRAHAM D**  
STREET ADDRESS **197 FIRST AVE**  
CITY-ST-ZIP **NEEDHAM MA 02194**

☐ DELETE

TITLE **VPS**  
NAME **CLARY, JAMES M III**  
STREET ADDRESS **197 FIRST AVE**  
CITY-ST-ZIP **NEEDHAM MA 02194**

☐ DELETE

TITLE **VP**  
NAME **LEATHERS, FREDERICK R**  
STREET ADDRESS **197 FIRST AVE**  
CITY-ST-ZIP **NEEDHAM MA 02194**

☐ DELETE

TITLE **VP**  
NAME **ZERMANI, RICHARD P**  
STREET ADDRESS **197 FIRST AVE**  
CITY-ST-ZIP **NEEDHAM MA 02194**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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

*110 Cedar St  
Wellesley, MA 02181  
VP  
Referral, Scott  
197 First Ave.  
Needham, MA 02194*

14. I 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 if an attachment with an address.

CR2E034 (10/97)