

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P96000052643 (9)**

1. Corporation Name

NBC HEALTHCARE, INC.

Principal Place of Business

**3333 W. COMMERCIAL BLVD
STE 105
FT. LAUDERDALE FL 33309
US**

Mailing Address

**3333 W. COMMERCIAL BLVD
STE 105
FT. LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

65-0677440

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 2455 E. Sunrise Blvd

2a. Mailing Address

26 2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

22 Penthouse South

Suite, Apt. #, etc.

27 Penthouse South

City & State

23 Fort Lauderdale, FL

City & State

28 Fort Lauderdale, FL

Zip

24 33304

Country

25 USA

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

**GRANOFF, ROY E
12515 N. KENDALL DRIVE
SUITE 400
MIAMI FL 33186**

10. Name and Address of New Registered Agent

**81 Name Joy H. STRITIKUS
82 Street Address (P.O. Box Number is Not Acceptable) 2455 East Sunrise Blvd
83 Penthouse South
84 City Fort Lauderdale FL 85 Zip Code 33304**

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

Joy H. Stritikus

Joy H. STRITIKUS

7/16/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME BURSON, ERNEST N III
STREET ADDRESS 4013 N. OCEAN DRIVE, #305
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308**

**TITLE S
NAME RAY, TRACY A
STREET ADDRESS 2657 SW 5TH ST., #206
CITY-ST-ZIP PEMBROKE PINES FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE DIRECTOR, CHAIRMAN OF BD. ☒ Change ☐ Addition
1.2 NAME ERNEST N BURSON, III
1.3 STREET ADDRESS 3227 NE 38TH STREET
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308**

**2.1 TITLE SECRETARY ☒ Change ☒ Addition
2.2 NAME JOY H. STRITIKUS
2.3 STREET ADDRESS 911 SE 22ND AVENUE, #11
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062**

**3.1 TITLE PRESIDENT ☐ Change ☒ Addition
3.2 NAME SAMUEL H. WOODS
3.3 STREET ADDRESS 1814 HANOVER STREET
3.4 CITY-ST-ZIP MURFREESBORO, TN 37130**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

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 on an attachment with an address.

SIGNATURE

Joy H. Stritikus

SECRETARY

Joy H. STRITIKUS 7/16/98 954.537-2100

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E034 (5/98)