


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

FILED

Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094693 (3)**
1. Corporation Name

BARCHAR HEALTH MAINTENANCE INC.



Principal Place of Business 8496 NW 52 PLACE CORAL SPRINGS FL 33067	Mailing Address 8496 NW 52 PLACE CORAL SPRINGS FL 33067
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1997

2. Principal Place of Business 6061 BALBOA CIRCLE Suite, Apt. #, etc. APT. # 301 City & State BOCA RATON, FLORIDA Zip 33433	2a. Mailing Address 6061 BALBOA CIRCLE Suite, Apt. #, etc. APT. # 301 City & State BOCA RATON, FLORIDA Zip 33433
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4. FEI Number ☒ 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

9. Name and Address of Current Registered Agent NEVINS, BARRY 8496 NW 52 PLACE CORAL SPRINGS FL 33067		10. Name and Address of New Registered Agent 81 Name CHARLES J. LONGAZEL 82 Street Address (P.O. Box Number is Not Acceptable) APT. # 301 83 6061 BALBOA CIRCLE 84 City BOCA RATON, FL 85 Zip Code 33433	
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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 **Charles J. Longazel** **CHARLES J. LONGAZEL Vice President / Director 2/25/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEVINS, BARRY		1.2 NAME NEVINS, BARRY	
STREET ADDRESS 8496 NW 52 PLACE		1.3 STREET ADDRESS 8496 NW 52 PLACE	
CITY-ST-ZIP CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP CORAL SPRINGS, FLORIDA 33067	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LONGAZOR, CHARLES J		2.2 NAME LONGAZEL, CHARLES J.	
STREET ADDRESS 6061 BALBOA CIR APT 301		2.3 STREET ADDRESS 6061 BALBOA CIRCLE APT 301	
CITY-ST-ZIP BOCA RATON FL 33433		2.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33433	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/H/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME DR. JOSEPH SILVER	
STREET ADDRESS		3.3 STREET ADDRESS 8524 SHADOW COURT	
CITY-ST-ZIP		3.4 CITY-ST-ZIP CORAL SPRINGS, FLORIDA 33071	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 800002448813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS -03/06/98--01009--016	
CITY-ST-ZIP		6.4 CITY-ST-ZIP ***150.00	

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: **Charles J. Longazel** **CHARLES J. LONGAZEL 2/25/98 368-0137**

CR2E034 (10/97)