

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043622

1. Entity Name

HOLLYWOOD HEALTHCARE CORP.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90039 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5881 N.W. 151ST STREET~~  
~~#101~~  
~~MIAMI LAKES FL 33014~~

~~5881 N.W. 151ST STREET~~  
~~#101~~  
~~MIAMI LAKES FL 33014~~

**733788**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*3265 Meridian Parkway*  
Suite, Apt. #, etc.  
*#114*

Suite, Apt. #, etc.

City & State  
*WESTON FL*

City & State

Zip  
*33331*

Country

Zip

Country

4. FEI Number **65-0839386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

*JAY D. MUSSMAN*

Street Address (P.O. Box Number is Not Acceptable)

*3265 Meridian Parkway #114*

City

*WESTON*

**FL**

Zip Code

*33331*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*JAY D. MUSSMAN*

*3-20-01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back).

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D*  
*KUSHER, ROBERT*  
*11101 MINNEAPOLIS DRIVE*  
*COOPER CITY FL 33020*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DIPLOST*  
*3265 Meridian Parkway #114*  
*WESTON FL 33331*

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert KUSHER, Pres*

Date

Daytime Phone #

*3-20-01 954-659-1699*

CR2E034 (10/00)