

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90053 030 ***150.00

DOCUMENT # P98000089425

1. Corporation Name
HOLLYWOOD HEALTH & REHABILITATION CENTER, INC.

Principal Place of Business
1928 S. OCEAN DRIVE
SUITE 403
HALLANDALE FL 33009

Mailing Address
1928 S. OCEAN DRIVE
SUITE 403
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1998

4. FEI Number

65-0870613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 845 NW 119 ST
Suite, Apt. #, etc.

26 845 NW 119 ST
Suite, Apt. #, etc.

22 SUITE B
City & State

27 SUITE B
City & State

23 N MIAMI, FL 33168
Zip Country

28 N MIAMI, FL 33168
Zip Country

24 33168
25

29 33168
30

9. Name and Address of Current Registered Agent

LANDESMAN, SERGEY
1928 S. OCEAN DRIVE
SUITE 403
HALLANDALE FL 33009

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

Tina Varulenko (President)
(NOTE: Registered Agent signature required when reinstating)

1/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P/S ☒ Change ☐ Addition
1.2 NAME TINA VARULENKO
1.3 STREET ADDRESS 845 NW 119 ST SUITE B
1.4 CITY-ST-ZIP N MIAMI, FL 33168

2.1 TITLE T ☐ Change ☒ Addition
2.2 NAME ANATOLI VARULENKO
2.3 STREET ADDRESS c/o 845 NW 119 ST SUITE B
2.4 CITY-ST-ZIP N MIAMI, FL 33168

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

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, with all other like empowered.

SIGNATURE:

TINA VARULENKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

Daytime Phone #

0122783

CR2E034 (11/98)