## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

 Corporation Name HEALTH SERVICES OF PEMBROKE LAKES, INC.

Apr 24 1996 8:00 am Secretary of State (6)

**FILED** 

Principal Place of Business Mailing Address					T 10015 055011 00100 1110) diini iloot oili bibit bibit otoli oili bibit bibit				
1200 S. PINE ISLAND RD. STE. 600 FT. LAUDERDALE FL 33324 US  1200 S. PINE ISLAND RD. STE. 600 FT. LAUDERDALE FL 33324 US									
		STE. 600							
							ate of Last Report <b>07/25/1995</b>		
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number		F	pplied For		
i i		26		65-0302685			tot Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	XX	<b>+</b>	Additional lequired		
2		City & State		Election Campaign Financing			May Be		
Orty & State		28		Trust Fund Contribution		Added	to Fees		
Ζιρ	Country	Zip	Country	8. This corporation has liability	for intangible	tax under s	199.032,		
	25	29	30		Yes No				
	9. Name and Address of Curren	Registered Agent		10. Name and Address of Ne	w Registered	d Agent			
			61 Name	2					
CT COR	PORATION SYSTEM		82 Stree	t Address (P.O. Box Number is Not Accept	otable)				
1200 S.	PINE ISLAND RD.			Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.					
FT. LAUG	DERDALE FL 33324		83	Suite 250					
			84 City			85 Zır	Code		
				corporation submits this statement for the	F				
12.	Signature, speed or protest name of multiple to OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS A				
TITLE	PD	☐ DELETE	1 TITLE	V		Change	Addition		
NAME	AROSTEGUI, MARTIN		1.2 NAME						
STREET ADDRESS	1200 S. PINE ISLAND RD.		1.3 STREET ADORES	\$					
CITY - ST - ZIP	FT. LAUDERDALE FL 33324	☐ DELETE	1.4 CIFY - SF - ZIP			Change	Add tion		
TITLE	VD MCCLEARY, GEORGE W JR		2 1 T.TLE 2 2 NAME				_		
NAME	1200 S. PINE ISLAND RD.		2.3 STREET ADDRES	e					
STREET ADDRESS	FT. LAUDERDALE FL 33324		2 4 CITY - ST - ZIF						
CITY-S7-ZIP TITLE	ST ST	DELETE	3 1 TiTLE	S		Change	☐ Addit.on		
NAME	PECK, DAVIO C		3.2 NAME	3					
STREET ADDRESS	1200 S. PINE ISLAND RD.		3.3 STREET ADDRE	ss					
CITY-ST-ZIP	FT. LAUDERDALE FL 33324		3 4 CITY - S1 - ZIP						
TITLE	D	DELETE	4 1 TITLE	PD		<b>⊠</b> Change	☐ Addition		
NAME	FINDEISS, J. CLIFFORD		4.2 NAME	1					
STREET ADDRESS	1200 S. PINE ISLAND RD.		4.3 SIREET ADDRES	55					
CITY-ST ZIP	FT. LAUDERDALE FL 33324	PER SOLECE	44 CITY S1-7.F			Change	Addition		
TITLE	D NAODAL MADECH	DELETE	5 ' TITLE	D Date Channel III		LJ Guduge	MAL YOURS		
NAME	NAGPAL, NARESH		5.3 NAME 5.3 STREET ADDRE	Erie Chapman, III	i D.J				
SIREET ADDRESS	1200 S. PINE ISLAND RD. FT. LAUDERDALE FL 33324		5.3 STREET ADDRE	1200 01 1 +110 +00					
CITY - ST - ZIP	FI. LAUDERDALE FL 33324	DELETE.	6 1 T TLF	Ft. Lauderdale, FL.	3.3.244.	Change	Add:tion		
TITLE			62 NAME	Mary Ann Blandford					
NAME STREET ADDRESS	†		6.3 STREE! ADDRE		Rd.				
			6.4 CITY - ST - ZIP	Ft. Lauderdale, FL	33324				
CITY-ST-ZIP					110 OZ/3)(b)	Florida Stati	ites I further		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 sanie legal effect as if made under early; 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:

Mary Ann Blanford 4/4/96

SIGNATURE AND YPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR