

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001105

1. Entity Name

BEACON HEALTH SYSTEMS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90105 016 ***150.00

Principal Place of Business

Mailing Address

2511 PONCE DE LEON BLVD., 5TH FL.
CORAL GABLES FL 33134

PO BOX 14-9080
CORAL GABLES FL 33114-9080
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0624851

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

INSURANCE COMMISSIONER/CAPITOL
200 EAST GAINES ST
TALLAHASSEE FL 32399

Name

Ana M. Berenguer

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

~~Beacon Health Systems, Inc., 2511 Ponce de Leon Blvd., Suite 500, Coral Gables, FL 33134~~
985 Curtiswood
Key Biscayne, FL 33149

City

Coral Gables

FL

Zip Code

33134

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

Ana M. Berenguer

2/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 | <input checked="" type="checkbox"/> Delete |
|-------|---------------------|-------------------------|-------------------------|--|
| NO | NOONAN, RAYMOND E | 2503 SEA ISLAND DR | FT. LAUDERDALE FL 33301 | <input checked="" type="checkbox"/> |
| DP | PLANA, NESTOR J | 1110 COUNTRY CLUB PRADO | CORAL GABLES FL 33134 | <input type="checkbox"/> |
| D | DUTHIE, ANGUS M | 2551 SHANNON RD | NORTHBROOK IL 60062 | <input type="checkbox"/> |
| D | BUCHANAN, STEPHEN W | 337 FOREST TRAIL DR | MATTHEWS NC 28105 | <input type="checkbox"/> |
| ST | YOUNG, FRANK L | 115 COUNTRY CLUB PRADO | CORAL GABLES FL 33134 | <input checked="" type="checkbox"/> |
| D | CRONIN, MICHAEL F | 46 WESTLAND RD | WESTON MA 02193 | <input checked="" type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------------------------|----------------------|-------------------------|------------------------|-------------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Secretary / OFFICER (S/V) | Berenguer, Ana Maria | 985 Curtiswood | Key Biscayne, FL 33149 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Treasurer / OFFICER (T/V) | Wilfredo Gonzalez | 2220 Country Club Prado | Coral Gables, FL 33134 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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:

Ana M. Berenguer

2/10/00

(305) 774-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)