2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90105 016 ***150.00

DOCUMENT # F97000001105

1. Entity Name

BEACON HEALTH SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

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

INSURANCE COMMISSIONER/CAPITOL
200 EAST GAINES ST
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

Name Ana M. Berenguer

Street Address (P.O. Box Number is Not Acceptable) 185 Curtiswood Key Biscayne FL 33149
~~2511 Ponce De Leon Blvd. 5th FL~~

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/10/00

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	P/D NOONAN, RAYMOND E 2503 SEA ISLAND DR FT. LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P PLANA, NESTOR J 1110 COUNTRY CLUB PRADO CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUTHIE, ANGUS M 2551 SHANNON RD NORTHBROOK IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCHANAN, STEPHEN W 337 FOREST TRAIL DR MATTHEWS NC 28105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST YOUNG, FRANK L 115 COUNTRY CLUB PRADO CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / OFFICER (S/V) Berenguer, Ana Maria 185 Curtiswood Key Biscayne, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRONIN, MICHAEL F 46 WESTLAND RD WESTON MA 02193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / OFFICER (T/V) Wilfredo Gonzalez 2220 Country Club Prado Coral Gables, FL 33134	☒ Change ☐ Addition

CR2E034 (9/99)

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 Ana M. Berenguer 2/10/00 (305) 774-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #