

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90151 050 ***158.75

DOCUMENT # F98000000090
 1. Entity Name
CAPITATED HEALTH CARE SERVICES, INC.

Principal Place of Business 3050 UNIVERISAL BLVD STE 150 WESTON FL 33331 US	Mailing Address 3050 UNIVERISAL BLVD STE 150 WESTON FL 33331-3514 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, JOHN
2874-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

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	
TITLE PD	<input type="checkbox"/> Delete
NAME JACOBS, GARY	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	
TITLE DV	<input type="checkbox"/> Delete
NAME ZIMMERMAN, SUSAN RN	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	
TITLE SD	<input type="checkbox"/> Delete
NAME WALLACE, MILTON J	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	
TITLE D	<input type="checkbox"/> Delete
NAME SAVITSKY, STEPHEN	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	
TITLE D	<input type="checkbox"/> Delete
NAME SCHULMAN, DAVID	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	
TITLE D	<input type="checkbox"/> Delete
NAME SHAPIRO, ARTHUR MD	
STREET ADDRESS 3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP WESTON FL 33331	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>St</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **1/5/00** **(934) 283-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)