CR2E034 (10/02)

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

L32752 **DOCUMENT #**

1. Entity Name

ALL CARE HEALTH AND WELLNESS CENTERS, P.A.



01-24-2003 90104 045 ***150.00

LILLD						
an 24, 2003 8:00 am						
Secretary of State						
01 04 0000 00104 045 ***150 00						

Principal Place of Business 2230 NE 123RD STREET NORTH MIAMI FL 33181 US		Mailing Address 2230 NE 123RD STREE NORTH MIAMI FL 3318 US			911 81811 81811 81811 81811 81811 8181	
2. Principal Place of Business		3. Mailing Address		1 10011011 10011 10011 10011 10011 10011	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0159415	Applied For Not Applicable	
Zip	Country	Zip	Country	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		
GETTIS, DEAN M			Name	Name Street Address (P.O. Box Number is Not Acceptable)		
11900 BIS SUITE 50	SCAYNE BLVD. 7		Street Addre	ass (P.O. Box Number is Not Acceptable)		
	IIAMI FL 33181		City		Zip Code	
	tions of registered agent.			istered agent, or both, in the State of Florida. Ta		
	Signature, typed or printed name of regis	tered agent and title if applicable, (N	IOTE: Registered Agent signature red	quired when reinstating) DAI	re	
Afte	FILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00		9. Efection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICE	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERN, BRAD 2230 NE 123RD STREET NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ; Change Addition	
TITLE NAME STREET ADDRESS CITY ² ST ² ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	; TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with at the rike empowered.

SIGNATURE: