

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90025 012 ****61.25

DOCUMENT # N96000001979

1. Entity Name

VICTORIA HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

600 BRICKELL AVENUE
 SUITE 604
 MIAMI FL 33131
 US

C/O HOUSING & SERVICES, INC.
 202 EAST 35TH STREET
 NEW YORK NY 10016-4202

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

600 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 300D

City & State
MIAMI FL

Zip
33131

Country
US

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0666138

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

FIELDS, CARLTON
 4000 INTERNATIONAL PLACE
 100 SE 2ND STREET
 MIAMI FL 33131

Name

RAQUEL MATAS, Esq.

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

**c/o CARLTON FIELDS
 4000 INTERNATIONAL PLACE
 100 SE 2ND STREET**

City

MIAMI

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HAAGA, CLAIRE	
STREET ADDRESS	202 EAST 35TH STREET	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITELL, PETER S	
STREET ADDRESS	C/O-LEBOEUF, LAND ET AL - 125 W. 55TH ST.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MICHAEL	
STREET ADDRESS	380 MADISON AVE, OVAL 10017-2513	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvia F. Hargrove
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00
 Date

Daytime Phone #

CR2E037 (9/99)