

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001979

FILED
Jul 22, 2002
Secretary of State

Entity Name: VICTORIA HEALTH CENTER, INC.

Current Principal Place of Business:

600 BRICKELL AVENUE
SUITE 300D
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0666138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAQUEL M. HAYES, FIELDS, CARLTON
4000 INTERNATIONAL PLACE
100 SE 2ND STREET
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAAGA, CLAIRE
Address: 202 EAST 35TH STREET
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: BRITELL, PETER S
Address: C/O LEBOEUF, LAND ET AL. - 125 W. 55TH ST.
City-St-Zip: NEW YORK, NY 10016

Title: D () Delete
Name: COHEN, MICHAEL
Address: 380 MADISON AVE, OVAL 10017-2513
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE HAAGA

D

07/22/2002

Electronic Signature of Signing Officer or Director

Date