

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90225 040 \*\*\*150.00

**DOCUMENT # P93000033813**

1. Entity Name

**FLORIDA HEALTHCARE CORPORATION**

Principal Place of Business

Mailing Address

**P O BOX 14-4176  
 CORAL GABLES FL 33114-176  
 US**

**P O BOX 14-4176  
 CORAL GABLES FL 33114-176  
 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 **65-0407244**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUIRANTES, RAMON JR.  
 1441 MILAN AVE  
 CORAL GABLES FL 33134**

Name

**QUIRANTES RAMON JR**

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

**700 E 1ST AVE**

City

**HALEPH**

FL

Zip Code

**33010**

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)

**2/7/01**

DATE

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, 2001 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 **D**  Delete  
 NAME **QUIRANTES, RAMON JR.**  
 STREET ADDRESS **1441 MILAN AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-01**

Date

**(305) 883-1060**

Daytime Phone #

CR2E034 (10/00)

01407