

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000079551

FILED
Mar 19, 2002 8:00 AM
Secretary of State

Entity Name: ADVANCED HEALTH CARE FACILITIES MANAGEMENT, INC.

Current Principal Place of Business:

2061 N.W. 35TH TERRACE
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

2061 N.W. 35TH TERRACE
COCONUT CREEK, FL 33066

New Mailing Address:

C/O SOUTH BROWARD ACCOUNTING
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024

FEI Number: 65-0758650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, GINNY L ESQ.
190 N.W. SPANISH RIVER BLVD.
#200
BOCA RATON, FL 33431 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSENBLATT, SIDNEY
Address: 2061 N.W. 35TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY ROSENBLATT

PD

03/19/2002

Electronic Signature of Signing Officer or Director

_____ Date