

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90062 003 ***150.00

DOCUMENT # P97000001418

1. Entity Name **RELIABLE HEALTH CARE SERVICES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**3111 45TH ST
 STE 17
 W PALM BEACH FL 33407
 US**

**5705 SOUTH SEPULVEDA BLVD
 CULVER CITY CA 90230-6406**

2. Principal Place of Business

3. Mailing Address

2925 10th AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301A

City & State

City & State

LAKE WORTH

Zip

Country

Zip

Country

33461

US

4. FEI Number

65-0717222

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

**RICCARDO, VICTOR
 2325 ULMERTON RD., SUITE 10
 CLEARWATER FL 33762**

Name

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

City

FL

Zip Code

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **P** ☐ Delete
 NAME **BENBASSAT, KENNETH**
 STREET ADDRESS **5705 S SEPULVEDA BLVD**
 CITY-ST-ZIP **CULVER CITY CA 90230**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **BENBASSAT, WILLIAM A**
 STREET ADDRESS **5705 S SEPULVEDA BLVD**
 CITY-ST-ZIP **CULVER CITY CA 90230**

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

310 397-2229

Daytime Phone #

CR2E034 (9/01)