

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90055 001 ***550.00
 08-17-2000 90055 002 *****8.75

DOCUMENT # **P97000097318**

1. Entity Name
BAYSIDE HEALTHCARE CENTERS OF CENTRAL FLORIDA, I

Principal Place of Business 1320 N MAIN ST STE B KISSIMMEE FL 34744	Mailing Address 1320 N MAIN ST STE B KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3406321	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent RODRIGUEZ, VASCO A DR 1320 N MAIN ST STE B KISSIMMEE FL 34744			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	RODRIGUEZ, VASCO A 4840 ARMENIA AVENUE TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE Bayside Healthcare Centers of Central Florida, Inc.	VASCO A. RODRIGUEZ, D.C., P.A. 1320 N. Main St. Suite B KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **8/8/00** (407) 932-9111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (407) 208-1102

CR2E034 (5/00)