

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069521

1. Entity Name

PREMIER HEALTHCARE NETWORK, INC

*Amended AR*

FILED

00 MAY 11 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10710 SW 14 Ct  
Davie, FL 33324

Same

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~Jose Perez~~  
4750 NW 191 St  
Miami, FL 33055

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FIVE NOW IN FEES \$150.00**  
**AND MAY BE PAID BY CHECK OR CREDIT**  
**Make Check Payable to Premier Health**

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 NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P.D. JANET PEREZ 10710 SW 14 Ct Davie, FL 33324	<input checked="" type="checkbox"/>		
S.T.D. Jose Perez 4750 NW 191 St Miami, FL 33055	<input type="checkbox"/>	P.S.T.D. JOSE PEREZ 4750 NW 191 St Miami, FL 33055	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

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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 *Jose Perez* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1/2000

Date Daytime Phone #