

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90059 039 ***150.00

DOCUMENT # P98000084852

1. Entity Name

FLORIDA HEALTH PARTNERS, INC.

Principal Place of Business

**3014 N. U.S. HWY. 301. STE. 1000
 TAMPA FL 33619**

Mailing Address

**3014 N. U.S. HWY. 301. STE. 1000
 TAMPA FL 33619-2264**

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

59-3537092

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

**UCC FILING & SEARCH SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MORE, ROBERT	
STREET ADDRESS	3014 N. U.S. HWY. 301, STE. 1000	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, DAVID M.D.	
STREET ADDRESS	3014 N. U.S. HWY. 301, STE. 1000	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOISE, JEAN	
STREET ADDRESS	3110 FAIRVIEW PARK DR.	
CITY-ST-ZIP	FALLS CHURCH VA 22042	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICE, JULIAN	
STREET ADDRESS	5707 N 22ND ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LACEY, BERT	
STREET ADDRESS	1745 HWY. 17 S.	
CITY-ST-ZIP	BARTWO FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LEWIS MARSHA-	
STREET ADDRESS	12512 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruiz, Mary	
STREET ADDRESS	3916th Ave. W.	
CITY-ST-ZIP	Bradenton, FL 34205	

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

2/3/00

Date

813-246-7213

Daytime Phone #

CR2E034 (9/99)