## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 23, 2001 8:00 am Secretary of State DOCUMENT # P99000017435 ATLANTIS PREFERRED HEALTH CARE, INC. 02-01-2001 90002 015 \*\*\*150.00 Principal Place of Business Mailing Address 4830 W. KENNEDY BLVD 4830 W. KENNEDY BLVD STE 270 STE 270 62221 TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3567622 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LABARBERA, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 3171 SAN BERNADINO **CLEARWATER FL 34619** City 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 trie if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5:00 May Be 10. Election Campaign Financing -Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 -- --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Audition TITLE TITLE □ Delete MCGUINNESS, MICHAEL NAME NAME 4830 W. KENNEDY BLVD-STE 270 STREET ADDRESS STREET ADORESS TAMPA FL 33609 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete m E ☐ Change LABARBERA, RICHARD NAME NAME 4830 W. KENNEDY BLVD-STE 270 STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP---CHY-SI-ZIP-> ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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(3Xi). 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:

SKONATURE AND TYPED OR PRINTED

Modern

Michael J. Mc GULARSS

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