

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90051 028 ****70.00

DOCUMENT # N15775

1. Entity Name

EVERGLADES AREA HEALTH EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

**4450 S. TIFFANY DRIVE
W. PALM BEACH FL 33407****4450 S. TIFFANY DRIVE
W. PALM BEACH FL 33407**

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

59-2740588

Applied For

Not Applicable

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****PETERS, JOSEPH
4450 S. TIFFANY DRIVE
W. PALM BEACH FL 33407**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	AKIN, RICHARD	1454 MADISON AVENUE	IMMOKALEE FL 33934	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	BROWN, EDWIN	4450 S. TIFFANY DRIVE	W. PALM BEACH FL 33407	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	FOSTER, ROSEBUD RD.,ED.	11041 S.W. 128TH AVENUE	MIAMI FL 33186	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	HERNANDEZ, ELIZABETH	1500 N.W.AVENUE	BELLE GLADE FL 33430	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	TRENSCHELL, ROBERT D.O.	324 DATURA STREET STE 401	WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Brown

Date

2/20/01

Daytime Phone #

561-

CR2E037 (10/00)