

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90116 007 \*\*\*150.00

**DOCUMENT # 272850**

1. Entity Name  
**FLORIDA MEDI-CARE PLAN, INC.**

Principal Place of Business 3901 N.W. 79TH AVE., SUITE 119 MIAMI FL 33166	Mailing Address 3901 N.W. 79TH AVE., SUITE 119 MIAMI FL 33126-1928
---	--

2. Principal Place of Business 7270 NW 12 STREET Suite, Apt. #, etc. SUITE 130	3. Mailing Address 7270 NW 12 STREET Suite, Apt. #, etc. SUITE 130
---	---

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 59-1140361	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country USA	Zip 33126	Country USA



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GABOR, FRANK  
 3901 N.W. 79TH AVE.  
 MIAMI FL 33166

Name
Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12 ST, SUITE 130
City MIAMI FL Zip Code 33126

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: 4-24-2000

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)

**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 PSDT	GABOR, FRANK 3901 N.W. 79 AVE., SUITE 119 MIAMI FL 33166	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7270 NW 12 ST, SUITE 130 MIAMI FL 33126
TITLE VD	GABOR, JEFFREY 3534 THOMASVILLE RD TALLAHASSEE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	GABOR, RONALD 3901 N.W. 79TH AVE. #119 MIAMI FL 33166	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7270 NW 12 ST, SUITE 130 MIAMI FL 33126
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: 4-24-2000 (305) 471-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)