

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736086

1. Entity Name

FLORIDA COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407
US

Mailing Address

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407-3241
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90045 023 ****70.00

80006978



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1671640

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, EDWIN W.
4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	HART, VICTOR	
STREET ADDRESS	4659 34TH AVENUE	
CITY-ST-ZIP	GIFFORD FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	JANET TAYLOR	
STREET ADDRESS	P.O. BOX 764 N/A	
CITY-ST-ZIP	CLEWISTO FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	BROWN, EDWIN W	
STREET ADDRESS	4450 S TIFFANY DRIVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PORTIA GEORGE	
STREET ADDRESS	707 N. 19TH STREET	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNURE, HELGA	
STREET ADDRESS	16008 SW 153RD STREET	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, BARBARA	
STREET ADDRESS	2146 POLO GARDENS DRIVE	
CITY-ST-ZIP	WELLINGTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	501 Florida Avenue	
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	531 S.E. West Virginia Drive	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

EDWIN W. BROWN, Pres & CEO

1-18-00 (561) 844 9443

Date

Daytime Phone #