≈2094 UNIFORM BUSINESS REPORT (UBR)

01-25-2001 90019 035 *****70.00

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FLORIDA COMMUNITY HEALTH CENTERS, INC.						FILED			
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Principal Pla	ace of Business	Mailing Address				.,01	LCD _D. W	J 31	
4450 S TIFF		4450 S TIFFANY DRIVE	•			SECRETARY OF STATE TALLAHASSEE FLORIDA			
WEST PALM BEACH FL 33407		WEST PALM BEACH FL 33407 US				TALLAHASSEE FLORIDA			
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2. Principal	Place of Business	3. Mailing Address							
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Stite, Ap		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPACE		
City & Sta	ate	City & State			4. FEI Num	ber 59-1671640	<u> </u>	Applied For	
Zip.	Country	Zip .	Cou	untry	E Comition		\$8.75 A	Not Applicable dditional	
· •	6. Name and Address of Curren		<u> </u>	T		e of Status Desired	Fee Requi	red	
	o, regime and Address of Curren	ir uediareisa Adeur	.	Name	7. Name an	d Address of New R	egistered Agent		
RRAWAI	, EDWIN W.			Street A	Address (P.O. Box Num	ber is Not Acceptable))		
	TIFFANY DRIVE			-			•		
WEST P	ALM BEACH FL 33407	•		City			Tin On) de	
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		nt and title if annihouble. (NO	TF Registeres	d Anent sinnati	Ture required when reinstations		OATE	· · ·	
8. The above	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	TE: Registered	d Agent signati	ure required when reinstating)		DATE	· · · · · ·	
		9. Election Campaig Trust Fund Contrib	n Financir		\$5.00 May Be Added to Fees	Make	Check Payable 1		
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapte 617, Floridas latures; 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.

SICEDWIN W. BROWN, Pres. & CEO

IGNATURE:

SICEDWIN W. BROWN, PRES. & CEO

IGNATION OF THE PRES. & CEO

IGNATION OF THE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)84494