

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 738164

FILED
May 08, 2002 8:00 AM
Secretary of State

Entity Name: MIAMI BEACH COMMUNITY HEALTH CENTER INC.

Current Principal Place of Business:

710 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

710 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1829984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANAS, OSCAR D
770 CLAUGHTON ISLAND #515
MIAMI, FL 33131

Name and Address of New Registered Agent:

ABBATE, KATHRYN
521 N 13TH AVE
HOLLYWOOD, FL 33019

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: KATHRYN ABBATE

05/08/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NOTKIN, ARNOLD,
Address: 8777 COLLINS AVE. #302
City-St-Zip: SURFSIDE, FL

Title: D () Delete
Name: CANAS, OSCAR D
Address: CLAUGHTON ISLAND #515
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: TRAGER, MARILYN
Address: 5660 COLLINS AVE #4B
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS () Delete
Name: LICHTER, SOLOMON
Address: 1020 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL

Title: DT () Delete
Name: LORE, JULIO
Address: 350 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: NOTKIN, ARNOLD,
Address: 8777 COLLINS AVE. #302
City-St-Zip: SURFSIDE, FL

Title: M (X) Change () Addition
Name: ABBATE, KATHRYN
Address: 521 N 13TH AVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HORTON, ROBERT P
Address: 1717 N. BAYSHORE DRIVE # 3855
City-St-Zip: MIAMI, FL 33132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN ABBATE

M

05/08/2002

Electronic Signature of Signing Officer or Director

Date