Apr 24, 2000 8:00 am

Secretary of State

03-02-2000 90095 001 ****70.00

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # **758555**

1. Entity Name

Principal Place of Business

SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIA

% CORAL SPRINGS MED. CET % CORAL SPRINGS MED. CET MATERIS SERVICES, 3000 CORAL HILLS DR MATERIS SERVICES, 3000 CORAL HILLS DR CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Country Zip. Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DOLAN, PETER % CORAL SPRINGS MED. CET MATERIS SERVICES, 3000 CORAL HILLS DR City Zip Code FI **CORAL SPRINGS FL 33065** 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. ne of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: \$5.00 May Be 74. Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, S-SECRETARY 66/6) Addition . Change TITLE Delete TITLE KM LLOYD 3 AVE LESTER, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS 3350 EMERALD POINTE DR Fr. LAUD, FC 33316 CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL VP - VICE PRESIDENT Delete Change Addition TITLE TITLE NAME ANDREW SIMON KETTERER, RAY NAME 12200 PARK DRIVE STREET ADDRESS STREET ADDRESS 8546 N.W. 28TH CT 33026 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 - Delete Change ☐ Addition TITLE NAME RAGLAND, PHILIP NAME STREET ADDRESS STREET ADDRESS 1475 S.W. 49TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL P- PRESIDENT Change ☐ Addition ☐ Delete TITLE THE DOLAN, PETER PETER DOLAN NAME NAME 923 SE 16 PLACE STREET ADDRESS STREET ADDRESS 923 S.E. 16TH PLACE CITY-ST-7iP CITY-ST-ZIP DEERFIELD FL 33441 DURFIELD T- TRUNSURER Delete Change ☐ Addition TITLE TITLE MIGUEL VICTORES 1608 SE 3RD AVE NAME VICTORES, MIGUEL NAME STREET ADDRESS STREET ADDRESS 14022 S. FOREST OAK CIRCLE FORT LAND. FL 33316 CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33325**

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 attackment with an additional statute of the corporation of the receiver or trustee empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

WARE REQUIRED VICTORES

Delete

2/24/00

954.847.4216

Change

Addition