

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005542

1. Entity Name

SECURITY HEALTHCARE CORPORATION

Principal Place of Business

7061 CYPRESS CREEK ROAD, #104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS CREEK ROAD, #104
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1010403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRON, ROBERT W
350 EAST LAS OLAS BOULEVARD, SUITE 1000
FORT LAUDERDALE FL 33301

Name Vicki BURRIER

Street Address (P.O. Box Number is Not Acceptable)

7061 Cypress Road

Suite 104

City Plantation, Florida FL Zip Code 33317

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 Vicki Burrier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/02/01
DATE

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, 2001 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 PCEO
NAME SPIRA, LAWRENCE R M.D.
STREET ADDRESS 7061 CYPRESS CREEK ROAD, #104
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE AS
NAME BARRON, ROBERT W
STREET ADDRESS 350 EAST LAS OLAS BOULEVARD, SUITE 1000
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ASD
NAME BURRIER, Vicki
STREET ADDRESS 7061 Cypress Road, Suite 104
CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki Burrier Vicki BURRIER

4/02/01 (954) 474-7701

Date

Daytime Phone #

C0048083



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)