

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90047 044 ***158.75

NOTED
 AV

DOCUMENT # F93000000424

1. Entity Name
GENERAL HEALTH CORPORATION I

Principal Place of Business AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET, SUITE #405 MIAMI FL 33175 US	Mailing Address AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET, SUITE #405 MIAMI FL 33175 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5601 North Dixie Highway Suite, Apt. #, etc. Suite 420	3. Mailing Address 5601 North Dixie Highway Suite, Apt. #, etc. Suite 420
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	4. FEI Number 51-0300896	Applied For <input type="checkbox"/> Not Applicable
Zip 33334	Country USA	Zip 33334	Country USA

6. Name and Address of Current Registered Agent MUDD, JOHN 11880 S.W. 40TH STREET SUITE 405 MIAMI FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5601 North Dixie Highway, Suite #420 City Ft. Lauderdale FL Zip Code 33334
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: *Mary Thomas* **Mary Thomas** **2/13/02** **(954) 202-1998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)