

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004450 (2)

1. Entity Name

FIRST CHOICE HEALTH CARE SERVICES OF FORT LAUDERDALE, INC.

Principal Place of Business

10 DORRANCE STREET, STE 400
PROVIDENCE, RI 02903

Mailing Address

10 DORRANCE STREET, STE 400
PROVIDENCE, RI 02903

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

65-0510690

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

Name

CT Corporation System

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

12005 Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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.

SPECIAL ASSISTANT SECRETARY

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P/D/CEO ☐ Delete
NAME HEFFERNAN, MICHAEL T.
STREET ADDRESS 10 DORRANCE STREET, STE 400
CITY-ST-ZIP PROVIDENCE, RI 02903

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

TITLE Treasurer/CFO ☐ Delete
NAME GILLHEENEY, GARY S.
STREET ADDRESS 10 DORRANCE STREET, STE 400
CITY-ST-ZIP PROVIDENCE, RI 02903

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

TITLE Secty/VP ☐ Delete
NAME BARRETT, VERONICA A.
STREET ADDRESS 10 DORRANCE STREET, STE 400
CITY-ST-ZIP PROVIDENCE, RI 02903

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

TITLE VP/COO ☐ Delete
NAME John Wardle
STREET ADDRESS 10 Dorrance St., Suite 400
CITY-ST-ZIP Providence RI 02903

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Veronica A. Barrett
9/10/00
401-868-6672

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90049 028 ***150.00

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DO NOT WRITE IN THIS SPACE