FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State
07-28-2002 90203 022 ***558.75

B0132678

DOCUMENT # F97000001105

1. Entity Name
Beacon Health Systems, Inc/F97000001105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1110 Country Club Prado	1110 Country Club Prado
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650624851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nestor J. Plana

Street Address (P.O. Box Number is Not Acceptable): 1110 Country Club Prado

City: Coral Gables, FL Zip Code: 33134

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: _____ 7.22.02
Signature, if any, of new or changed 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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Raymond E. Noonan 2503 Seaisland Dr. Ft. Lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President/Secretary Ana H. Berenguer 785 Curtiswood, Key Biscayne, FL 33149
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Nestor J. Plana 1110 Country Club Prado, Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7.22.02 (305) 790-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #