

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0341379 AV

**DOCUMENT # F98000000090**

1. Entity Name  
**CAPITATED HEALTH CARE SERVICES, INC.**

04-02-2002 90894 036 \*\*\*158.75

|  |  |
|--|--|
| Principal Place of Business<br><b>3050 UNIVERISAL BLVD<br/>         STE 150<br/>         WESTON FL 33331<br/>         US</b> | Mailing Address<br><b>3050 UNIVERISAL BLVD<br/>         STE 150<br/>         WESTON FL 33331<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                               |  |
|--------------------------------|---------|---------------------|---------|--|--|-------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0821070</b>  |  | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                               |  |
| City & State                   |         | City & State        |         |  |  |                               |  |
| Zip                            | Country | Zip                 | Country |  |  |                               |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BLACK, JOHN<br/>         2874-A REMINGTON GREEN CIRCLE<br/>         TALLAHASSEE FL 32308</b> |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Harnett Lesnick &amp; Ripps P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>150 E. Palmetto Park Rd., Suite 500</b><br>City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432-4832</b> |  |  |  |
|--|--|--|--|---|--|--|--|

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 *Judith A. Ripps* - **JUDITH A. RIPPES** DATE **3/22/2002**  
Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|--|---|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO<br/>JACOBS, GARY<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b>        | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COO<br/>ZIMMERMAN, SUSAN RN<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BARASCH, RICHARD<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b>      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BRYANT, GARY<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b>          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WAEGELEIN, ROBERT<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b>     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SHAPIRO, ARTHUR MD<br/>3050 UNIVERSAL BLVD #150<br/>WESTON FL 33331</b>    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *Susan Zimmerman* **Susan Zimmerman** DATE: **3/19/02** DAYTIME PHONE: **(454) 283-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)