

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-02-2002 90894 036 ***158.75

0341379 AV

DOCUMENT # F98000000090

1. Entity Name

CAPITATED HEALTH CARE SERVICES, INC.

Principal Place of Business

3050 UNIVERSAL BLVD
 STE 150
 WESTON FL 33331
 US

Mailing Address

3050 UNIVERSAL BLVD
 STE 150
 WESTON FL 33331
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821070

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLACK, JOHN
 2874-A REMINGTON GREEN CIRCLE
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Harrett Lesnick & Ripps P.A.

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

150 E. Palmetto Park Rd., Suite 500

City

Boca Raton

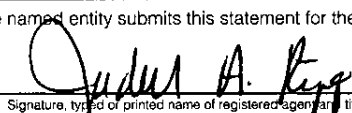
FL

Zip Code

33432-4832

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. RIPPES

3/22/2002

Signature, typed or printed name of registered agent or 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, 2002 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	JACOBS, GARY	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	COO	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, SUSAN RN	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARASCH, RICHARD	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, GARY	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAEGELEIN, ROBERT	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, ARTHUR MD	
STREET ADDRESS	3050 UNIVERSAL BLVD #150	
CITY-ST-ZIP	WESTON FL 33331	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Zimmerman

3/19/02

Date

(454) 283-4800

Daytime Phone #

10/6/02 0341379