

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004003

1. Entity Name

COMPREHENSIVE OUTPATIENT CENTERS OF FLORIDA, INC

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90007 016 ***550.00

Principal Place of Business

5601 NORTH DIXIE HWY. STE 411
FORT LAUDERDALE FL 33334

Mailing Address

5601 NORTH DIXIE HWY. STE 411
FORT LAUDERDALE FL 33334

2. Principal Place of Business

1000 NE 56th Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33334

Country

U.S.A

Country

4. FEI Number

65-0788499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZNER, GARY
2400 S. DIXIE HWY, STE 200
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Gary C. Matzner

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

1000 NE 56th Street

City

Fort Lauderdale

FL

Zip Code

33334

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME NORIEGA, RUDY
STREET ADDRESS 5601 N. DIXIE HWY, STE 411
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VTD ☒ Delete
NAME RODRIGUEZ, CECILIO M
STREET ADDRESS 5601 N. DIXIE HWY, STE 411
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ Delete
NAME GULAREK, JAMES J
STREET ADDRESS 5601 N. DIXIE HWY, STE 411
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VSD ☐ Delete
NAME MATZNER, GARY
STREET ADDRESS 2400 S DIXIE HWY., STE 411
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Noriega, Rudy
STREET ADDRESS 1000 NE 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

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

TITLE ☐ Change ☒ Addition
NAME Doyle R. Campbell, M.D.
STREET ADDRESS 1000 NE 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE ☒ Change ☐ Addition
NAME Gary C. Matzner
STREET ADDRESS 1000 NE 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

VP 8/7/00 (954) 958-0623