

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007039

1. Entity Name

HERITAGE HEALTHCARE OF AMERICA, INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90159 026 \*\*\*\*61.25

Principal Place of Business

16133 VENTURA BOULEVARD SUITE 965  
 ENCINO CA 91436-2430

Mailing Address

16133 VENTURA BOULEVARD SUITE 965  
 ENCINO CA 91436-2430

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

95-1082120

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

TURNER, JAMES L ESQ.  
 200 SOUTH ORANGE AVENUE  
 SARASOTA FL 34236

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **GOLDSTEIN, JEROLD V**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **SMD** ☒ Delete  
 NAME **LIM, VIRGIL**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **TVCD** ☐ Delete  
 NAME **UNDERWOOD, CLARK**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **CD** ☐ Delete  
 NAME **GOLDSTEIN, JEROLD V**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **VCD** ☒ Delete  
 NAME **SALTZMAN, HERBERT**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **MD** ☒ Delete  
 NAME **MEDILL, CARY**  
 STREET ADDRESS **16133 VENTURA BOULEVARD SUITE 965**  
 CITY-ST-ZIP **ENCINO CA 91436-2430**

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

TITLE **Secretary/Director** ☐ Change ☒ Addition  
 NAME **Rose Lopez**  
 STREET ADDRESS **16133 Ventura Blvd #965**  
 CITY-ST-ZIP **Encino, CA 91436**

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**6/28/01**

Date

**818-9961614**

Daytime Phone #

CR2E037 (5/01)