

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90250 038 ****70.00

DOCUMENT # F99000001409

1. Entity Name

HERITAGE HEALTHCARE OF AMERICA II, INC.

Principal Place of Business

16133 VENTURA BLVD. #965
ENCINO CA 91436-2430

Mailing Address

16133 VENTURA BLVD. #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

95-4539239

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 AVE.
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PC GOLDSTEIN, JEROLD V 16133 VENTURA BLVD. #965 ENCINO CA 91436-2430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIM, VIRGIL <input checked="" type="checkbox"/> Delete 16133 VENTURA BLVD. #965 ENCINO CA 91436-2430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD UNDERWOOD, CLARKE <input type="checkbox"/> Delete 16133 VENTURA BLVD # 965 ENCINO CA 91436-2430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBY, DIANE <input checked="" type="checkbox"/> Delete 1401 SOUTH MAIN STREET FORT WORTH TX 76104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSPAN, EVAN <input checked="" type="checkbox"/> Delete 16133 VENTURA BLVD. #965 ENCINO CA 91436-2430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDILL, CARY <input checked="" type="checkbox"/> Delete 16133 VENTURA BLVD. #965 ENCINO CA 91436-2430

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary ROSE LOPEZ 16133 VENTURA BLVD #965 ENCINO, CA 91436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E037 (10/00)

Jerold V Goldstein
5/17/01 818-763-7885