

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001409

1. Entity Name

HERITAGE HEALTHCARE OF AMERICA II, INC.

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90756 001 ****11.25

03-10-2002 90756 002 ****50.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE **PC** ☐ Delete
NAME **GOLDSTEIN, JEROLD V**
STREET ADDRESS **16133 VENTURA BLVD. #965**
CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **S** ☐ Delete
NAME **LOPEZ, ROSE**
STREET ADDRESS **16133 VENTURA BLVD. #965**
CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE **CFOD** ☒ Delete
NAME **UNDERWOOD, CLARKE**
STREET ADDRESS **16133 VENTURA BLVD. #965**
CITY-ST-ZIP **ENCINO CA 91436-2430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **CFOD** ☒ Change ☐ Addition
NAME **ION HAMPTON**
STREET ADDRESS **1120 33rd Ave West**
CITY-ST-ZIP **Bradenton, Florida 34205**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)