

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G55794

1. Entity Name

SOUTH FLORIDA HEALTH CARE MANAGEMENT CORP.

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

05-17-2001 91334 023 ***150.00

Principal Place of Business

1815 GRIFFIN RD
#203
DANIA FL 33004
US

Mailing Address

1815 GRIFFIN RD
#203
DANIA FL 33004
US

00053847

2. Principal Place of Business

2091 S. OCEAN DR.

3. Mailing Address

2091 S. OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL.

City & State

HALLANDALE, FL.

4. FEI Number

59-2724749

Applied For

Not Applicable

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

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

POLLACK, CHARLES
1980 S. OCEAN DRIVE, #120
HALLANDALE FL 33009

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME POLLACK, CHARLES
STREET ADDRESS 2500 BEACH BLVD. #803 1980 S. OCEAN DR.
CITY-ST-ZIP HALLANDALE FL

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

TITLE D ☐ Delete
NAME POLLACK, RUTH
STREET ADDRESS 1980 S. OCEAN DR. #120
CITY-ST-ZIP HALLANDALE FL

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

TITLE VP ☐ Delete
NAME POLLACK, GEORGE
STREET ADDRESS 10102 N.W. 13TH CT.
CITY-ST-ZIP PLANTATION FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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: Charles Pollack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/01 954-457-0100

CR2E034 (10/00)