

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90001 039 ***150.00

DOCUMENT # H14128

1. Entity Name
ALLIED HEALTH CARE MANAGEMENT, INC.

Principal Place of Business

**1000 NW 65TH STREET
SUITE 105
FT. LAUDERDALE FL 33309**

Mailing Address

**1000 NW 65TH STREET
SUITE 105
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0035444

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

IRVING, J. BRUCE
601 BRICKELL KEY DRIVE STE 601 19134 Fisher Island Dr
MIAMI FL 33131 33109

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

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, 2002 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

TITLE	DVS	<input type="checkbox"/> Delete
NAME	BRAFMAN, CAROL	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, RONALD L.	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOSCS, GREGORY	
STREET ADDRESS	6600 N ANDREWS AVENUE	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRVING, J. BRUCE	
STREET ADDRESS	601 BRICKELL KEY DRIVE	
CITY-ST-ZIP	MIAMI.FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 NW 65th Street, Suite 105	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 NW 65th Street, Suite 105	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1000 NW 65th Street, Suite 105	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19134 Fisher Island Dr	
CITY-ST-ZIP	Miami, FL 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald L. Kaplan

Ronald L. Kaplan

1/14/02

(954) 491-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)