

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20580

1. Entity Name
ALL CARE HEALTH SERVICES, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90038 019 ***550.00

Principal Place of Business
3537-43 NORTH PINE ISLAND RD
SUITE 300
SUNRISE FL 33351
US

Mailing Address
2200 RENAISSANCE BLVD
SUITE 300
KING OF PRUSSIA PA 19406
US

2. Principal Place of Business
3541 NORTH PINE ISLAND RD

3. Mailing Address
Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State

Zip
33351

Country
USA

Zip

Country

4. FEI Number **59-2469775**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHUDOW, KATHY
7401 114TH AVE N
LARGO FL 33773

7. Name and Address of New Registered Agent

Name **MINERVA HALLER**

Street Address (P.O. Box Number is Not Acceptable)
2900 N. MILITARY TRAIL, SUITE 205

City **BOCA RATON** **FL** Zip Code **33431**

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 *Minerva Haller*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PCD** ☐ Delete
NAME **GELLER, DAVID S**
STREET ADDRESS **2200 RENAISSANCE BLVD SUITE 300**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *David S Geller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)