

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57512

1. Entity Name

PRIVATE DUTY NURSING, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90031 048 ***150.00

Principal Place of Business

Mailing Address

2700 W ATLANTIC BLVD
STE 100-A
POMPANO BCH FL 33069
US

% ALLIED HEALTH CARE CORP.
6600 N. ANDREWS AVE SUITE
FT. LAUDERDALE FL 33309-2110

718253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O ALLIED HEALTH CARE CORP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6600 N. ANDREWS AVENUE

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33309

4. FEI Number

59-2543090

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

Name

Street Address (P.O. Box Number is Not Acceptable)

601 Brickell Key Drive, Suite 801

City

FL

Zip Code

IRVING, BRUCE J.

501 BRICKELL KEY DRIVE

SUITE 800 GOLIARD CENTER

MIAMI FL 33131

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	KAPLAN, RONALD L.	NAME	
STREET ADDRESS	6600 N. ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	BRAFMAN, CAROL S.	NAME	
STREET ADDRESS	6600 N. ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	KOSCS, GREGORY V.	NAME	
STREET ADDRESS	6600 N ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	IRVING, BRUCE J.	NAME	
STREET ADDRESS	501 BRICKELL KEY DRIVE	STREET ADDRESS	601 Brickell Key Drive
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Kaplan, President 2/15/00

(954) 491-6600

Date

Daytime Phone #

CR2E034 (9/99)