

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89768

1. Entity Name

HEALTH CARE ALTERNATIVES OF WEST FLORIDA, INC. *R*

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90021 013 ***150.00

Principal Place of Business

4625 E BAY DR
STE 210
LARGO FL 33771
US

Mailing Address

4625 E BAY DR
STE 210
LARGO FL 33771
US

2. Principal Place of Business

4625 East Bay Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210

City & State

CLEARWATER

Zip

33764

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2625969

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

EL-YOUSEF, M.K.
1555 SOUTH FT. HARRISON
CLEARWATER FL 34616

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PASD ☐ Delete
NAME EL-YOUSEF, M.K.
STREET ADDRESS 1555 SOUTH FT. HARRISON
CITY-ST-ZIP CLEARWATER FL

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

TITLE TS ☐ Delete
NAME EL-YOUSEF, NADIA
STREET ADDRESS 1555 SOUTH FT. HARRISON
CITY-ST-ZIP CLEARWATER FL

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

TITLE VP ☐ Delete
NAME AL-ABED, MAZHAR K.
STREET ADDRESS 1569 S FT HARRISON
CITY-ST-ZIP CLEARWATER 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/2000
Date

727-535-7039
Daytime Phone #

CR2E034 (5/00)



ALTERNATIVES

Attachment
D#A89768
DL073088

in behavioral health

July 14, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Upon receiving this "second notice" today, my administrator called to inform your office that we had not received the first notice. She was told to remit the first filing fee and enclose proof of the address problem for consideration. As you will note, the street address and suite number is accurate, however, the city and zip are not. You will also note the reason for us receiving this notice was because the postman made corrections to the address. I would appreciate your consideration for exemption of late fees, as we have never filed late in past years. Had we received the first notice, it would have been paid on time. I have enclosed the following for your review:

1. UBR with corrected address
2. Original packet received with postman's changes
3. Copy of another document (Fictitious name renewal) from your office with our correct address - please check your databases, as the addresses do not match.
4. Check for \$150.00

I appreciate your consideration in this matter.

Sincerely,


M.K. El-Youssef, M.D.
President