

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016281

1. Entity Name

CORPORATE HEALTH GROUP, LLC

FILED

01 APR 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business, Mailing Address

ONE FINANCIAL PLAZA
SUITE 1600
FT LAUDERDALE, FL 33394

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-1072243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK S. MUCCI
ONE FINANCIAL PLAZA
SUITE 1600
FT. LAUDERDALE, FL 33394

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME AL FERRARA
STREET ADDRESS 799 GALTANO STREET
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE ☐ Delete
NAME VICE-PRESIDENT
STREET ADDRESS GERRY ANGERS
CITY-ST-ZIP 499 N.E. SPANISH RIVER BLVD.
BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME 0000004036830--0
STREET ADDRESS -04/20/01--01127--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS WILLIAM H. JACKSON
CITY-ST-ZIP 4545 N PINE ISLAND ROAD
SUNRISE, FL 33351

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/01

Date

954 741-5511

Daytime Phone #

CR2E083 (11/00)