

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90165 028 ****50.00

DOCUMENT # L00000016281

1. Entity Name

CORPORATE HEALTH GROUP, LLC

Principal Place of Business

**ONE FINANCIAL PLAZA
 SUITE 1600
 FT LAUDERDALE FL 33394**

Mailing Address

**ONE FINANCIAL PLAZA
 SUITE 1600
 FT LAUDERDALE FL 33394**

B0049443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**MUCCI, MARK S ESQ
 BENSON MOYLE & MUCCI LLP
 ONE FINANCIAL PLAZA SUITE 1600
 FT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name

WILLIAM H. JACKSON

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

4545 N PINE ISLAND ROAD

City

SUNRISE

FL

Zip Code

33351

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

3/7/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE **V** ☐ Delete
 NAME **ANGERS, GERRY**
 STREET ADDRESS **499 NE SPANISH RIVER BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 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: **X**

SIGNATURE REQUIRED

3/7/02 (954) 741-5511

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

Date

Daytime Phone #

CR2E083 (9/01)