

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81441

1. Entity Name

BOCA RATON HEALTH CENTER, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90041 026 ***150.00

Principal Place of Business

Mailing Address

190 NW SPANISH RIVER BLVD.
SUITE 102
BOCA RATON FL 33431

190 NW SPANISH RIVER BLVD.
SUITE 102
BOCA RATON FL 33431-4217

2. Principal Place of Business

3. Mailing Address

2220 North Federal Hwy.
Suite, Apt. #, etc.

2220 North Federal Hwy.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

Zip

33431

Country

USA

City & State

Boca Raton FL

Zip

33431

Country

USA

4. FEI Number

65-0046809

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

MAGUIRE, JAMES JOSEPH
190 NW SPANISH RIVER BLVD.
SUITE 102
BOCA RATON FL 33431

Name

MAGUIRE, James Joseph

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

2220 North Federal Hwy.

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

James Joseph Maguire

(NOTE: Registered Agent signature required when reinstating)

DATE

check # 5587
4-20-00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MAGUIRE, JAMES JOSEPH
190 NW SPANISH RIVER BLVD. #102
BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2220 North Federal Hwy.
Boca Raton FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

James Joseph Maguire, President

4-19-00

561-367-1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Joseph MAGUIRE

CR2E034 (9/99)