

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-11-2001 90089 018 ****70.00

DOCUMENT # N00000001970

1. Entity Name
THE CLINIC ST. CHRISTOPHER HEALTH TRUST, INC.

Principal Place of Business 830 EAST OAKLAND PARK BLVD. SUITE 105 OAKLAND PARK FL 33334-2753	Mailing Address 830 EAST OAKLAND PARK BLVD. SUITE 105 OAKLAND PARK FL 33334-2753
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
65-0991874

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMBREE, NORMAN J
1531 NE 15 AVE
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
830 EAST OAKLAND PARK BLVD 105
 City **OAKLAND PARK** FL Zip Code **33304**

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. **3/3/04**

SIGNATURE *N. Embree* **NORMAN J. EMBREE** **04/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EMBREE, NORMAN J 1531 NE 15 AVE FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEELE, CYNTHIA 830 EAST OAKLAND PARK BLVD. OAKLAND PARK FL 33334-2753	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALBREATH, WAYNE A 1531 NE 15 AVE FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD A. PHILLIPS D	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EMBREE, NORMAN J. 1531 NE 15 AVENUE FT LAUDERDALE FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDWARD A PHILLIPS 830 E OAKLAND PARK BLVD 105 FORT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RAYMOND M. WILLARD 830 E OAKLAND PARK BLVD 105 FORT LAUDERDALE FL 33334	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Embree* **NORMAN J. EMBREE, PRESIDENT** **04/05/2001** **954-630-1198**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)