

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90074 034 ****61.25

DOCUMENT # N01000000373

1. Entity Name

FLORIDA HEALTH AND HUMAN SERVICES BOARD, INC.

Principal Place of Business

Mailing Address

**17920 BURNSIDE ROAD
 LUTZ FL 33549**

**17920 BURNSIDE ROAD
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3697203

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

7. Name and Address of New Registered Agent

**WOLFE, ALVIN W PH D
 17920 BURNSIDE ROAD
 LUTZ FL 33549**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOLFE, ALVIN W PH D | |
| STREET ADDRESS | 17920 BURNSIDE ROAD | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUBY, DAVID OD | |
| STREET ADDRESS | 12291 70TH STREET NORTH | |
| CITY-ST-ZIP | LARGO FL 33773-3027 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MIRANTI, JOE | |
| STREET ADDRESS | 1895 BOGGY CREEK ROAD | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DUNSTON, PAMELA | |
| STREET ADDRESS | 220 SUNRISE AVE STE 207 | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HUGGINS, RICHARD L | |
| STREET ADDRESS | 1601 ARCHERS PATH | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | VARANI, VIDYA | |
| STREET ADDRESS | 3732 FLAGLER AVE | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIRANTI, JOSEPH S | |
| STREET ADDRESS | 3615 TREE LINE WAY | |
| CITY-ST-ZIP | SAINT CLOUD FL 34769 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MISCHIA, MARIETTA E.D. | |
| STREET ADDRESS | 10355 NW 32ND PLACE | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE *Alvin W. Wolfe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2002 813 949 4673

Date

Daytime Phone #

CR2E037 (9/01)

0077443