

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001545

1. Entity Name

CHAMBERSOUTH HEALTH CARE ALLIANCE, INC.

Principal Place of Business

Mailing Address

6410 S.W. 80TH STREET
MIAMI FL 33176

6410 S.W. 80TH STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1102434

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

Donna G. Masson

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

6410 SW 80th Street

City

Miami,

FL

Zip Code
33143

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

Donna G. Masson

Donna G. Masson

4/17/02

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
NAME
D
MASSON, DONNA
STREET ADDRESS
6410 S.W. 80TH STREET
CITY-ST-ZIP
MIAMI FL 33176 ☐ Delete

TITLE
NAME
Vice President
Glynn, Judy
STREET ADDRESS
7565 SW 141 Street
CITY-ST-ZIP
Miami, FL 33158 ☐ Change ☒ Addition

TITLE
NAME
D
WAYNER, STEPHEN A
STREET ADDRESS
6410 S.W. 80TH STREET
CITY-ST-ZIP
MIAMI FL 33176 ☒ Delete

TITLE
NAME
Secretary/Treasurer
Cosby, Edith
STREET ADDRESS
12232 SW 128 Street
CITY-ST-ZIP
Miami, FL 33186 ☐ Change ☒ Addition

TITLE
NAME
D
FLANAGAN, JEFF
STREET ADDRESS
6410 S.W. 80TH STREET
CITY-ST-ZIP
MIAMI FL 33176 ☒ Delete

TITLE
NAME
Chairman/Director
Hartley, Brodes H
STREET ADDRESS
10300 SW 216 Street
CITY-ST-ZIP
Miami, FL 33190 ☐ Change ☒ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Donna G. Masson

DONNA G. MASSON

4/17/02

(305/661-1624)

CR2E037 (9/01)