

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90362 021 \*\*\*\*61.25

0026741

**DOCUMENT # N42786**

1. Entity Name

**POSITIVE ALTERNATIVE THERAPIES IN HEALTHCARE, IN C.**

Principal Place of Business

Mailing Address

9325 SW 83 ST  
 MIAMI FL 33173

9325 SW 83 ST  
 MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number **65-0242102**

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

**RAUCHWERBER, RITA R.**  
**9325 SW 83 ST**  
**MIAMI FL 33173**

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

*Rita R. Rauchwerber*

Signature, typed or printed name of registered agent and fee 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	PD	<input type="checkbox"/> Delete
NAME	RAUCHWERGER, RITA R.	
STREET ADDRESS	9325 SW 83 ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, PAUL	
STREET ADDRESS	10960 SW 48 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY ELLEN	
STREET ADDRESS	10960 SW 48TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREEN, STEVEN DOS	
STREET ADDRESS	550 BRICKELL AVE., #50	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID NEWMAN, D.C.	
STREET ADDRESS	2470 TRAPP AVE.	
CITY-ST-ZIP	COCONUT GROVE, FL 33173	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARA MASSINGILL	
STREET ADDRESS	10480 S.W. 129TH CT.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLEEN SEIBERT	
STREET ADDRESS	13821 S.W. 103RD AVE.	
CITY-ST-ZIP	MIAMI, FL 33175	
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		

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:

*Rita R. Rauchwerber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

305-271-2865

Date

Daytime Phone #

CR2E037 (9/01)