

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/3/10/00-90037-020-\$61.25-\$61.25

DOCUMENT # **N94000003230** *R*

1. Entity Name

**HEALTH CHOICE NETWORK, INC.**

Principal Place of Business

Mailing Address

3900 NW 79TH AVE.  
SUITE 500  
MIAMI FL 33166

3900 NW 79TH AVE.  
SUITE 500  
MIAMI FL 33166-6549

**FILED**

00 JUN 23 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

**3900 NW 79th AVE**

**3900 NW 79th AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 500**

**Suite 500**

City & State

City & State

**Miami FL**

**Miami FL**

Zip  
**33166**

Country  
**United States**

Zip  
**33166**

Country  
**United States**

4. FEI Number

**65-0504316**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUBIT, DONALD E**  
**100 SE 2ND ST**  
**SEVENTEENTH FLOOR**  
**MIAMI FL 33131-1101**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTLEY, COL BRODES JR</b> <i>CEO</i> <input type="checkbox"/> Delete <b>% 10300 SW 216TH ST</b> <b>MIAMI FL 33190</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAVIS, CALEB</b> <i>CEO</i> <input type="checkbox"/> Delete <b>% 3230 HIBISCUS ST</b> <i>CHAIR PERSON</i> <b>COCONUT GROVE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOKE, ELIZABETH K</b> <i>CEO</i> <input type="checkbox"/> Delete <b>3900 NW 79 AVENUE, STE 500</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LALAI, HAMRIC</b> <i>CEO</i> <input type="checkbox"/> Delete <b>PO BOX 1357</b> <i>SECRETARY</i> <b>FT MEYERS FL 33902</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <i>Anthony Munroe</i> <i>CEO</i> <input type="checkbox"/> Delete <b>TREASURER</b> <b>700 B Royal Poinciana Blvd</b> <b>Suite 300</b> <b>MIAMI SPRINGS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSIE DIAZ</b> <i>CEO</i> <input type="checkbox"/> Delete <b>336 NE 5th street</b> <b>Miami, FL 33142</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *Goliz... K... Co... De*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/00*  
Date Daytime Phone #

CR2E037 (9/99)

**KE**