

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90006 012 ****61.25

DOCUMENT # N96000001342

1. Entity Name

FLORIDIANS FOR HEALTH CARE, INC.



Principal Place of Business

**1114 ELEVENTH LANE
 PALM BEACH GARDENS FL 33418**

Mailing Address

**1114 ELEVENTH LANE
 PALM BEACH GARDENS FL 33418**

**4778 Square Lake Dr
 PB Gardens FL 33418**

2. Principal Place of Business

1114 Eleventh Lane

**Suite, Apt. #, etc.
 Palm Bch Gardens**

**City & State
 FL 33418**

**Zip
 33418**

3. Mailing Address

4778 Square Lake Dr.

Suite, Apt. #, etc.

**City & State
 Palm Bch. Gardens FL**

**Zip
 33418**



DO NOT WRITE IN THIS SPACE

FEI Number

65-0662866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, ELLIOT S ESQ.
 1601 FORUM PLACE
 STE. 403
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

**Name
 Joe Martin**

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

4778 Square Lake Dr.

**City
 Palm Bch Gardens FL**

**Zip Code
 33418**

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

Joe Martin

9-05-01

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

After September 12, 2001, min. will be \$236.25

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

T ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**MARTIN, JOSEPH
 4778 SPAWN LAKE DR.
 PALM BEACH GARDENS FL 33418**

T ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**LAUN, ELNA
 3520 S. OCEAN BLVD.
 SOUTH PALM BEACH FL 33480**

T ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**PRENSKY, DAVID
 44 COCONUT ROW
 PALM BEACH FL 33480**

T ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**IRWIN, JOE
 1114 ELEVENTH LANE
 PALM BEACH GARDENS FL 33418**

TT ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**NORDLINGER, MILDRED
 3520 S OCEAN BLVD
 PALM BCH FL 33480**

VPT ☐ Delete
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**
**CROWE, ROBERT
 229 WALTON HEALTH DR.
 LAKE WORTH FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition
**TITLE
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 CITY-ST-ZIP**

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☐ Change ☐ Addition
**TITLE
 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:

Joe Martin

9-05-01 561355-4235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)