

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 032 ****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

**4778 SQUARE LAKE DRIVE
 PALM BEACH GARDENS FL 33418**

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

65-0662866

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

**MARTIN, JOE
 4778 SQUARE LAKE DRIVE
 PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE

Joseph Martin

8-8-02

561-355-4235

CR2E037 (4/02)