

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-20-2000 90143 013 ****61.25

DOCUMENT # N96000006009

1. Entity Name

DEWEY KNIGHT HEALTH CENTER, INC.

Principal Place of Business

12060 N.W. 7TH AVE
 NORTH MIAMI FL 33168
 US
**4105 NW 135th St.
 Opa Locka, FL
 33054**

Mailing Address

12060 N.W. 7TH AVENUE
 NORTH MIAMI FL 33054-4615
 US
**4105 NW 135th St.
 Opa Locka, FL
 33054**

2. Principal Place of Business

4105 NW 135th Street
 Suite, Apt. #, etc.

3. Mailing Address

4105 NW 135th Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Opa Locka FL
 Zip **33054** Country **USA**

City & State

Opa Locka FL
 Zip **33054** Country **USA**

4. FEI Number

65-0711638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAVLOW, SHARA T
 12060 N.W. 7TH AVENUE
 NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

Name **Sandra R. Giblin**
 Street Address (P.O. Box Number is Not Acceptable)
4105 NW 135th Street
Opa Locka
 City **Opa Locka** FL Zip Code **33054**

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 **Sandra R. Giblin**

3/14/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, DEWEY W 111	
STREET ADDRESS	8260 NW 156 TERR	
CITY-ST-ZIP	MIAMI FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUEDA, JORGE MD	
STREET ADDRESS	156 NW 67 AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOREY, ARTHUR H JR.	
STREET ADDRESS	1075 NW. 128 ST	
CITY-ST-ZIP	N. MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, EUGENIA	
STREET ADDRESS	16720 N.W. 81ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROLLE, ANTHONY E	
STREET ADDRESS	180 N.W. 129TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weaver Eugenia, RW	
STREET ADDRESS	16720 N.W. 81st Avenue	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armando Tosca, MD	
STREET ADDRESS	538 Vila Bela	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra R. Giblin, CPA	
STREET ADDRESS	1175 NE 125th Street, Suite 417	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marta Alfonso	
STREET ADDRESS	Room 200-University Park, FIU	
CITY-ST-ZIP	Miami, FL 33199	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Garvin, M.D.	
STREET ADDRESS	10310 NW 135th Street	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chester Morris, M.D.	
STREET ADDRESS	660 NE 95th Street	
CITY-ST-ZIP	Miami Shores, FL 33138	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Sandra R. Giblin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 **305-893-2991**
 Date Daytime Phone #

CR2E037 (9/99)