

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006009

1. Entity Name

DEWEY KNIGHT HEALTH CENTER, INC.

09-12-2001 90019 050 *****6125
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 19 AM 10:36

C0076301



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4105 NW 135TH STREET
OPA LOCKA FL 33054
US

Mailing Address

4105 NW 135TH STREET
OPA LOCKA FL 33054
US

2. Principal Place of Business

1175 NE 125th Street

Suite, Apt. #, etc.
417

City & State
North Miami, FL

Zip
33161

Country
USA

3. Mailing Address

1175 NE 125th Street

Suite, Apt. #, etc.
417

City & State
North Miami, FL

Zip
33161

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

GIBLIN, SANDRA R
4105 NW 135 STREET
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

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

1175 NE 125th Street

Suite 417

City
North Miami

FL

Zip Code
33161

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

DATE 9/5/01

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

TITLE PD
NAME WEAVER, EUGENIA RN Delete
STREET ADDRESS 16720 NW 81ST AVENUE
CITY-ST-ZIP MIAMI FL 33018

TITLE VD
NAME TOSCA, ARMANDO MD Delete
STREET ADDRESS 538 VILA BELA
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE TD
NAME GIBLIN, SONDR R CPA Delete
STREET ADDRESS 1175 NE 125TH STREET STE 417
CITY-ST-ZIP MIAMI FL 33161

TITLE D
NAME WEAVER, EUGENIA Delete
STREET ADDRESS 16720 N.W. 81ST AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME GARVIN, THOMAS M.D. Delete
STREET ADDRESS 10310 NW 135TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE D
NAME ENESTER, MORRIS M.D. Delete
STREET ADDRESS 660 NE 95TH STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Tosca Armando MD Change Addition
STREET ADDRESS 538 VILA BELA
CITY-ST-ZIP Coral Gables FL 33146

TITLE D
NAME Louise Shaw Change Addition
STREET ADDRESS 1175 NE 125 Street # 417
CITY-ST-ZIP N. Miami, Florida 33161

TITLE D
NAME Chester Morris, M.D. Change Addition
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)(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: Sandra R. Giblin

DATE 9/5/01 305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2ER37 (5/01)