

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90073 030 ****61.25

DOCUMENT # N96000006009

1. Entity Name

DEWEY KNIGHT HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

1175 NE 125 STREET
 SUITE 417
 NORTH MIAMI FL 33161

1175 NE 125 STREET
 SUITE 417
 NORTH MIAMI FL 33161
 US

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

65-0711638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBLIN, SANDRA R
1175 NE 125 STREET
SUITE 417
NORTH MIAMI FL 33161

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 **D** Delete
 NAME **SHAW, LOUISE**
 STREET ADDRESS **1175 NE 125 STREET #147**
 CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Giblin, Sandra R CPA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **ALFONSO, MARTA**
 STREET ADDRESS **1175 NE 125TH STREET #417**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MORRIS, CHESTER MD**
 STREET ADDRESS **660 NE 95TH STREET**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: *Sandra R. Giblin* **SANDRA R. GIBLIN** 4/19/02 305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)