

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006009

1. Entity Name

DEWEY KNIGHT HEALTH CENTER, INC.

FILED

May 05, 2002 8:00 am
Secretary of State

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

| | |
|---|---|
| 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 | Applied For |
| 65-0711638 | 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 |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | D SHAW, LOUISE 1175 NE 125 STREET #147 N. MIAMI FL 33161 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOSCA, ARMANDO MD 538 VILA BELA CORAL GABLES FL 33146 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GIBLIN, SONDR R CPA 1175 NE 125TH STREET STE 417 MIAMI FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Giblin, Sandra R CPA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALFONSO, MARTA 1175 NE 125TH STREET #417 MIAMI SHORES FL 33138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRIS, CHESTER MD 660 NE 95TH STREET MIAMI SHORES FL 33138 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENESTER, MORRIS M.D. 660 NE 95TH STREET MIAMI SHORES FL 33138 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)