

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90075 020 \*\*\*\*61.25

**DOCUMENT # N96000006191**

1. Entity Name  
**COMMUNITY HEALTHCARE/CENTERONE, INC.**



Principal Place of Business  
**2817 E. OAKLAND PARK BLVD., SUITE 302  
FT. LAUDERDALE FL 33306**

Mailing Address  
**2817 E. OAKLAND PARK BLVD., SUITE 302  
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0736346**

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNERNEY, MICHAEL J ESQ  
BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATU  
200 EAST LAS OLAS BOULEVARD, SUITE 1800  
FT. LAUDERDALE FL 33301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named party 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 *Richard Meekins*

2/3/02

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINER, STEVEN 2817 E OAKLAND PARK BLVD., STE. 302 FT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVOTI, ANTHONY JR 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEEKINS, RICHARD 2817 E OAKLAND PARK BLVD., STE. 302 FT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMBARK, STEVEN 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT Olga Grosse 2817 E Oakland Park Blvd, Ste 302 Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parks, Michael 2817 E Oakland Park Blvd #302 Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enriquez Eva Diana 2817 E Oakland Park Blvd #302 Fort Lauderdale, FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cone, William 2817 E Oakland Park Blvd #302 Fort Lauderdale, FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patterson, Nicola 2817 E Oakland Park Blvd #302 Fort Lauderdale, FL 33306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard Meekins*

2/3/03

954-439-2528

CR2E037 (10/02)