

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003095

1. Entity Name

THE AMERICAN PATIENTS' ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90135 001 ****61.25

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR., STE. 1604 MIAMI FL 33131	1001 BRICKELL BAY DR., STE. 1604 MIAMI FL 33131-4939

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
65-000962 APPLIED FOR	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASH, PETER
1001 BRICKELL BAY DR., STE. 1604
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	LASH, PETER	
STREET ADDRESS	1001 BRICKELL BAY DR #1604	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, EUGENE	
STREET ADDRESS	1001 BRICKELL BAY DR #1604	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIONE, HENRY	
STREET ADDRESS	1001 BRICKELL BAY DR #1604	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 305-539-9657

Date Daytime Phone #

CR2E037 (9/99)