

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006846

1. Entity Name

PATIENTS RIGHTS ORGANIZATION OF FLORIDA, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90061 029 ****61.25

Principal Place of Business 2900 N COURSE DR #508 POMPANO BEACH FL 33369	Mailing Address 2900 N COURSE DR #508 POMPANO BEACH FL 33069-3862
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0799794	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

BRICKMAN, HARRY
2900 N COURSE DR
#508
POMPANO BEACH FL 33369

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 _____
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MC IVER, CECIL MD	
STREET ADDRESS	1350 CYPRESS TRACE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAUDIN, MARIE M	
STREET ADDRESS	720 SW 63 AVE	
CITY-ST-ZIP	MIAMI FL 33114	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILLINGS, NAN	
STREET ADDRESS	647 WEST LAKE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, BILL	
STREET ADDRESS	1711 BENT TREE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRICKMAN, MYRTLE	
STREET ADDRESS	2900 N COURSE DR, #508	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRICKMAN, HARRY	
STREET ADDRESS	2900 N COURSE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33369	

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	OFFICE VACANT	<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)(l), 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: Harry Brickman HARRY BRICKMAN 2/15/00 954-968-5876
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)