

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001818

FILED
Jul 24, 2002
Secretary of State

Entity Name: RENASCENCE COMMUNITY HEALTH CARE CENTER, INC.

Current Principal Place of Business:

1370 NW 16 STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1370 NW 16 STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0815575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CARMEN
1370 NW 16 STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

AMADO, MARTA
1370 NW 16 STREET
MIAMI, FL 33125 US

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: MARTA AMADO

07/24/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: RIVERA, CARMEN
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: CASTRO, MARIA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: GARCIA, CARLOS R
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: GALLOSO, DIANA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: AMADO, MARTA
Address: 1370 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA AMADO

PTE

07/24/2002

Electronic Signature of Signing Officer or Director

Date