

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90026 006 ***158.75

DOCUMENT # P00000007225

1. Entity Name
SOUTHERN HEALTH CARE CORP.

Principal Place of Business

**13261 N.W. 7TH AVENUE
 MIAMI FL 33167**

Mailing Address

**13261 N.W. 7TH AVENUE
 MIAMI FL 33167**

2. Principal Place of Business

2030 N.W. 119 STREET

Suite, Apt. #, etc.

1203

City & State

MIAMI FLORIDA

Zip
33167

Country

AAOE

3. Mailing Address

2030 N.W. 119 STREET

Suite, Apt. #, etc.

1203

City & State

MIAMI FLORIDA

Zip

33167

Country

AAOE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0982874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OLAIGBE, OLA

18441 N.W. 2ND AVENUE

STE. 220

MIAMI FL 33169

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **AJAYI, JOSHUA S**
 STREET ADDRESS **13261 N.W. 7TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)