

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90089 033 ***150.00

0031437

DOCUMENT # P00000013361

1. Entity Name

FLORIDA PHYSICIANS CARENET, INC.

Principal Place of Business

Mailing Address

**6540 NORTHWEST 40TH COURT
 BOCA RATON FL 33496**

**6540 NORTHWEST 40TH COURT
 BOCA RATON FL 33496**

764217

2. Principal Place of Business

3. Mailing Address

317 S.E. 1ST AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALLANDALE BEACH, FL

Zip
33009

Country
U.S.A.

Zip

Country

4. FEI Number

65-0978505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

JEFFREY A. NADEL

Street Address (P.O. Box Number is Not Acceptable)

6540 N.W. 40TH COURT

City

BOCA RATON, FL

FL

Zip Code

33496

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.

JEFFREY A. NADEL, PRESIDENT FLORIDA PHYSICIANS CARENET, INC.

SIGNATURE **Jeffrey A. Nadel, PRESIDENT FLORIDA PHYSICIANS CARENET, INC.** DATE **4/30/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 NADEL, JEFFREY A
 6540 NORTHWEST 40TH COURT
 BOCA RATON FL 33496** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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:

JEFFREY A. NADEL, PRESIDENT
Jeffrey A. Nadel, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)