

# 2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P0000015975

1. Entity Name  
ACACIA'S HEALTH CARE CORPORATION

FILED

01 JUL 27 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
5200 S.W. 8TH STREET STE 116 5200 S.W. 8TH STREET  
CORAL GABLES, FLA 33134 SUITE 116  
CORAL GABLES, FLA 33134

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987021 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GABRIELA GARAVITO  
9907 N.W. 123 STREET  
HIALEAH GARDENS, FLA 33018

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 X Gabriela Garavito  
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!!! FEES \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GABRIELA C		NAME	GARAVITO, GABRIELA	
STREET ADDRESS	2650 WEST 60TH PLACE		STREET ADDRESS	9907 N.W. 123 STREET	
CITY-ST-ZIP	HIALEAH, FLA 33016		CITY-ST-ZIP	HIALEAH GARDENS, FLA 33018	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Gabriela Garavito PRESIDENT

Page 2 of 2

JULY 25, 2001

ACACIA'S HEALTH CARE CORPORATION.  
5200 S.W. 8<sup>TH</sup> STREET STE#116 E  
CORAL GABLES, FL 33134  
FEIN # 65-0987021  
REF: ANNUAL REPORT

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS  
UNINTENTIONAL, DUE TO THE FACT THAT I NEVER RECEIVED YOUR 2001  
UNIFORM BUSINESS REPORT (UBR). IF YOU COULD WAIVE THE LATE FEE,  
IT WOULD BE KINDLY APPRECIATED.

SINCERELY,

*X Gabriela Garavito*  
GABRIELA GARAVITO  
PRESIDENT