

7/10.

FILED

Aug 10, 2001 8:00 am  
Secretary of State

07-10-2001 90116 015 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024194

1. Entity Name

ALTERNATIVE MEDICAL CENTER BIEN-ETRE, INC.

Principal Place of Business

16 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334

Mailing Address

16 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0989498

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMDY, ESAM K.  
61 CENTENNIAL COURT  
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

HAMDY, ESAM K.

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

61 Centennial Court

City Deerfield Beach

FL

Zip Code

33442

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

ESAM K. HAMDY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete  
NAME ESAM K. HAMDY  
STREET ADDRESS 61 CENTENNIAL COURT  
CITY-ST-ZIP DEERFIELD BEACH FL 33442TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRE ESAM K. HAMDY 7/6/01

(54)5634242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P0000000241914  
77374



Alternative Medical Center  
16 E. Oakland Park Blvd.  
Fort Lauderdale, FL 33334  
(954) 563-4242  
Fax (954) 563-4288



July 6, 2001

To: Dept. of state

Division of Corporation

Dear Sir or madam.

Please accept the amount of \$150 as

a filling fee. I have not receive the first

notice, that has been send on jan. 2001

Thank you.  
A handwritten signature in black ink, appearing to be 'Esam Handy'.  
ESAM HANDY

Attachment 150c#



P00000024194  
77374

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

July 11, 2001

ALTERNATIVE MEDICAL CENTER BIEN-ETRE, INC.  
16 E OAKLAND PARK BLVD  
FT LAUDERDALE, FL 33334

Subject: **ALTERNATIVE MEDICAL CENTER BIEN-ETRE, INC.**

Reference Number: **P00000024194**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA  
ANNUAL REPORTS SECTION