

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90002 042 \*\*\*150.00

**DOCUMENT # P00000028122**

1. Entity Name

**SOUTHEAST HEALTHCARE SERVICES, INC.**

Principal Place of Business

3773 NORTH FEDERAL HWY.  
 SUITE 201  
 POMPANO BEACH FL 33064

Mailing Address

3773 NORTH FEDERAL HWY.  
 SUITE 201  
 POMPANO BEACH FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0991989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**YARBROUGH, DONALD A ESQ.**  
**2740 E. OAKLAND PARK BLVD.**  
**SUITE 200**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

**Donald A. Yarbrough Esq.**

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

**2601 East Oakland Park Blvd.**

**Ste 402**

City

**Ft Lauderdale**

**FL**

Zip Code

**33306**

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

*Donald A Yarbrough*

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

(NOTE: Registered Agent signature required when reinstating.)

**1/8/01**

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

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Vincent F. Cavarra, Sr.  |
| STREET ADDRESS | 3773 North Federal Hwy, Suite 201  |
| CITY-ST-ZIP    | Pompano Beach, FL 33064  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Vincent F. Cavarra, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/12/01 (954)**

Daytime Phone #

**781 1914**

CR2E034 (10/00)