

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90931 042 ***150.00

C0058642

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000000 77557-1/1 ✓			
1. Entity Name FAMILY CARE MEDICAL CENTER OF ROYAL PALM BEACH INC			
Principal Place of Business 12989 SOUTHERN BLVD LOXAHATCHEE, FL. 33470		Mailing Address SUITE 204	
2. Principal Place of Business 1216 ROYAL PALM BCH BLVD Suite, Apt. #, etc.		3. Mailing Address 5400 S UNIVERSITY DR Suite, Apt. #, etc. SUITE 405	
City & State ROYAL PALM BEACH Zip 33411 Country USA		City & State DAVIE FL. Zip 33328 Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name MARTIN J. CALANO	
		Street Address (P.O. Box-Number is Not Acceptable) 5400 S UNIVERSITY DR #405	
		City DAVIE FL Zip Code 33328	
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 <u>MARTIN J. CALANO</u> <u>[Signature]</u> 4/25/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DAVID HERNANDEZ 12989 SOUTHERN BLVD LOXAHATCHEE FL. 33470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PSD FRANK C. HERNANDEZ 5400 S UNIVERSITY DR #405 DAVIE FL. 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VTD MARTIN J. CALANO 5400 S UNIVERSITY DR #405 DAVIE FL. 33328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>MARTIN J. CALANO</u> <u>[Signature]</u> 4/25/01 954-680-4782 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DATE Daytime Phone #			

CR2E034 (11/00)