2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000077557

Entity Name: FAMILY CARE MEDICAL CENTER OF ROYAL PALM BEACH, INC.

Current Principal Place of Business:

1216 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

11327 OKEECHOBEE BOULEVARD
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

5400 S UNIVERSITY DRIVE
SUITE 405
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-1043094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALANO, MARTIN
5400 S UNIVERSITY DRIVE, #405
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

HERNANDEZ, FRANK C
5400 S UNIVERSITY DRIVE, #405
DAVIE, FL 33328 US

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: FRANK C. HERNANDEZ 04/18/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: HERNANDEZ, FRANK C
Address: 5400 S UNIVERSITY DRIVE, #405
City-St-Zip: DAVIE, FL 33328

Title: VTD ( ) Delete
Name: CALANO, MARTIN J
Address: 5400 S UNIVERSITY DRIVE, #405
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C. HERNANDEZ PSD 04/18/2002
Electronic Signature of Signing Officer or Director Date