

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90012 019 ***150.00

0144734 SP

DOCUMENT # P00000095380

1. Entity Name
A.G. HEALTH SYSTEMS, INC.

Principal Place of Business Mailing Address
3013 DELPRADO AVE. SOUTH. UNIT #13 **3013 DELPRADO AVE. SOUTH. UNIT #13**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 411-80-2808		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELSAFY, TAMER		Name	
3013 DELPRADO AVE. SOUTH, UNIT #13		Street Address (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELSAFY, TAMER 3013 DELPRADO AVE. SOUTH, UNIT #13 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, LEANNA 3013 DELPRADO AVE. SOUTH, UNIT #13 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: SIGNATURE **8/02/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



attachment
DH P00000095380
C6075132

A Division of A.G. Health Systems 3013 Del Prado Ave. S Ste.13 Cape Coral, FL 33904 Customer Service: 888-363-7246 • Fax: 941-542-1609

August 3, 2001

To whom it may concern,

Enclosed please find the uniform business report that is to be filed with your office and a check for the filing fee of \$150. I never received the first notice.

When I received this form, the package stated that it had not been properly filed in May and, therefore, I owed \$550. This company was registered in October of 2000 and this second notice was the first I had seen of having to re-register this business. Upon receiving the second notice, I was made aware that a business was to file this report every year in order to continue.

Per my conversation with your customer service representative, I was advised to send the amount of \$150 since I did not receive the First Notice, which was to be filed in May and the second notice fee would then be waived.

Your attention to this matter is appreciated. My contact number is 941-542-0664; please call if you have any further questions.

Tamer Elsafy
A.G. Health Systems, Inc.

Sincerely,

Tamer Elsafy
President of A.G. Health Systems