2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR DOCUMENT

1. Entity Name

Principal Place of Business

P00000100936

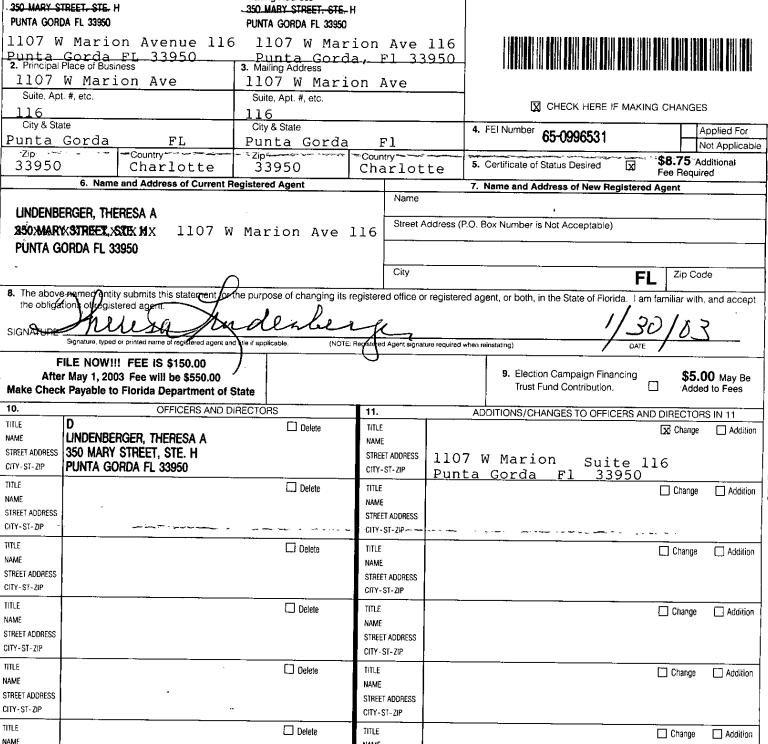
Mailing Address

FLORIDA HEALTHCARE PROFESSIONALS (F.H.C.P.), INC



FILED Feb 03, 2003 8:00 am § Secretary of State

02-03-2003 90284 032 ***158.75



12. 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 by supplemental report is true and acquirate 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 10 or Block 11 if changed, or on an attachment with an address, with all time like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)