

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 13, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000105768

1. Entity Name  
APEX INTEGRATED HEALTH, INC.

Principal Place of Business  
5 ISLAND AVE., SUITE 6F  
MIAMI BCH FL 33139

Mailing Address  
5 ISLAND AVE., SUITE 6F  
MIAMI BCH FL 33139

2. Principal Place of Business  
446 ARTHUR GODFREY ROAD

3. Mailing Address  
446 ARTHUR GODFREY ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI BEACH FL

City & State  
MIAMI BEACH FL

4. FEI Number  
65-1053627

Applied For  
Not Applicable

Zip Country  
33140

Zip Country  
33140

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ENGELHARD PETER A  
5 ISLAND AVE., SUITE 6F  
MIAMI BCH FL 33139

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE 01/13/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	ENGELHARD PETER A	5 ISLAND AVE., SUITE 6F	MIAMI BCH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Peter A. Engelhard

D 01/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)