FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State
07-09-2002 90024 002 ***150.00

DOCUMENT # P01000059888

1. Entity Name
South Florida Healthcare Group P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8343 Pines Blvd	844 N.E. 72nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State: Boca Raton FL
Zip: 33024 Country: U.S.	Zip: 33487 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1118962 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Todd Goldberg

Street Address (P.O. Box Number is Not Acceptable): 844 N.E. 72nd St

City: Boca Raton FL Zip Code: 33487

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: 6/25/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Todd Goldberg
STREET ADDRESS	844 N.E 72nd St
CITY-ST-ZIP	Boca Raton FL. 33487

TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/25/02 954 261-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #P01000059888

11999

To Division of Corporations,

As per my conversation with your office, I have downloaded the WBR reports for each corporation.

Pleas note that the forms were NOT recieved by me; as the address sent to is no longer correct. I have changed the mailing address for each corporation and anticipate that future filings will be done at the correct times.

Thank you for your consideration in this matter. Your help has been appreciated.

Respectfully,

6/24/02

Todd Goldberg
As officer.