FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State
07-15-2002 90184 019 ***150.00

DOCUMENT # P01000066341

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

B0128161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
8320 West Sunrise Blvd	844 N.E 72nd St	
Suite, Apt. #, etc.: 111	Suite, Apt. #, etc.	
City & State: Plantation FL	City & State: Boca Raton FL	4. FEI Number: 65-1118964 ☐ Applied For ☐ Not Applicable
Zip: 33322 Country: US	Zip: 33487 Country: US	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: _____ 6/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert Hanopole 8320 West Sunrise Blvd Suite 111 Plantation, FL. 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Todd Goldberg 844 N.E 72nd St. Boca Raton FL. 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 #

To Division of Corporations,

Attachment #
P01000066341

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,

Todd Goldberg 6/24/12

Todd Goldberg
As officer.