

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91315 036 ***150.00

DOCUMENT # P01000089289

1. Entity Name

ENVISION HEALTH PARTNERS, INC

Principal Place of Business

Mailing Address

~~7837 JUNIPER ST~~
~~MIRAMAR FL 33023~~

~~7837 JUNIPER ST~~
~~MIRAMAR FL 33023~~

2. Principal Place of Business

3. Mailing Address

9016 VILLA PORTOFINO Cir

9016 VILLA PORTOFINO CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33496

33496

4. FEI Number

Applied For

65-1140952

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SMITH, KEITH~~
~~7837 JUNIPER ST~~
~~MIRAMAR FL 33023~~

Name

TAX MANAGEMENT CORP.

Street Address (P.O. Box Number is Not Acceptable)

210 ANTHONY V. SAIERNO

9016 VILLA PORTOFINO CIRCLE

City

BOCA RATON.

FL

Zip Code

33496

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

Signature of typed or printed name of registered agent and this is applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
TRAFFAS, MICHAEL A
5720 HWY 47
CARLTON OR **40** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
CHIN-QUEE, DENNIS
5434 NW 48 ST
COCONUT CREEK FL 33073 **25** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
TRAFFAS, JOHN J
10401 SHAW ST
OAKLAND CA 94605 **25** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
CHIN-QUEE, ALICIA M
7837 JUNIPER ST
MIRAMAR FL 33023 **10** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

Michael A. Traffas **POST**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POST MARKED

4/29/2002 (56) 218-9323
 Date Daytime Phone #

CR2E034 (9/01)