

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099096

1. Entity Name  
EAGLE HEALTH CARE, CORP.

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

08-01-2002 90164 025 \*\*\*150.00

U400389 AV

Principal Place of Business  
13349 SW 32ND STREET  
MIRAMAR FL 33027

Mailing Address  
13349 SW 32ND STREET  
MIRAMAR FL 33027



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1143586  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KHAN, SHAUKAT A  
13349 SW 32ND STREET  
MIRAMAR FL 33027

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD KHAN, SHAUKAT A 13349 SW 32ND STREET MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KHAN, CLAUDIA P 13349 SW 32ND STREET MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shaukat Khan* **REQUIRED**

7/29/02 x (954) 438-8156

CR2E034 (4/02)

Attachment  
Dr. # P01000099096

**EAGLE HEALTH CARE, CORP.**  
13349 SW 32<sup>ND</sup> STREET  
MIRAMAR, FL 33027  
TEL (954)438-8156

JULY 27, 2002

**EAGLE HEALTH CARE, CORP**  
DOC# P01000099096  
FIN# 65-1143586

**FLORIDA DEPARTMENT OF STATE**

**TO WHOM IT MAY CONCERN:**

**WE ARE SENDING THE 2002 UNIFORM BUSINESS REPORT LATE  
BECAUSE WE NEVER RECEIVED THE FIRST APPLICATION , WE  
RECEIVED THIS APPLICATION ON JULY 2002.**

**PLEASE WAIVE THE CHARGES , WE ARE SENDING A CHECK IN THE  
AMOUNT OF \$ 150.00 FOR 2002.**

**SINCERELY YOURS,**

  
**CLAUDIA P. KHAN**  
V. PRESIDENT