

Apr 28 03 01:09p

Jonathan Shatz

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90744 013 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000112532

1. Entity Name
 ULTIMATE HEALTHCARE STRATEGIES, INC.



Principal Place of Business
 1400 NE MIAMI GARDENS DRIVE
 SUITE #202
 NORTH MIAMI BEACH FL 33179

Mailing Address
 551 NW 183RD TERRACE
 MIAMI FL 33169


☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1156554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHATZ, CECILE D
 15404 SW 19 STREET
 MIRAMAR FL 33027

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 of officer or principal of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME P
 STREET ADDRESS FENELAS, PATRICK L
 CITY-STATE-ZIP 551 NW 183RD TERR
 MIAMI FL 33169

TITLE ☒ Change ☐ Addition
 NAME FENELAS, PATRICK L
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

(COUNTY) NUMBER