

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000058902

FILED
Apr 28, 2003
Secretary of State

Entity Name: FLORIDA HEALTH MANAGEMENT, INC.

Current Principal Place of Business:

1201 HARDEE ROAD, PO BOX 560427
MIAMI, FL 332560427

New Principal Place of Business:

Current Mailing Address:

1201 HARDEE ROAD, PO BOX 560427
MIAMI, FL 332560427

New Mailing Address:

PO BOX 560427
MIAMI, FL 332560427

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, A. DAVID
1201 HARDEE ROAD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSELL, A. DAVID
Address: PO BOX 560427
City-St-Zip: MIAMI, FL 332560427

Title: D () Delete
Name: LEINBACH, WILLIAM H
Address: 10 HENRICKS ISLE #8
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. DAVID RUSSELL

D

04/28/2003

Electronic Signature of Signing Officer or Director

Date