

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90330 016 \*\*\*150.00

0007505 AT

**DOCUMENT # P02000127647**

1. Entity Name

**CORRECTIONAL HEALTHCARE ADVANTAGE, INC.**



Principal Place of Business

**14050 NW 14TH STREET SUITE 190  
FORT LAUDERDALE FL 33323**

Mailing Address

**14050 NW 14TH STREET SUITE 190  
FORT LAUDERDALE FL 33323**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**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 11

TITLE **Robert Castille** ☐ Delete  
NAME **Pres.**  
STREET ADDRESS **14050 NW 14th St. Suite 190**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

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

TITLE **V.P.** ☐ Delete  
NAME **Peter Camelas**  
STREET ADDRESS **14050 NW 14th St. Suite 190**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

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

TITLE **V.P.** ☐ Delete  
NAME **Neil Principe, M.D.**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Asst. Sec.** ☐ Delete  
NAME **Tom Stair**  
STREET ADDRESS **1900 Winston Rd.**  
CITY-ST-ZIP

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

TITLE **Off. TN 37919** ☐ Delete  
NAME **Mike Hatcher, Dir.**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Lynn Massingale, Dir.** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Asst. Sec.**

**4/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)