

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90033 001 \*\*\*150.00

USE 7/4/4 AV

**DOCUMENT # P93000004458**  
 1. Entity Name  
**BDK HEALTH INVESTORS, INC.**

Principal Place of Business 6635 W. COMMERCIAL BLVD SUITE 217 TAMARAC FL 33319 US	Mailing Address 6635 W. COMMERCIAL BLVD SUITE 217 FORT LAUDERDALE FL 33319 US
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DO NOT WRITE IN THIS SPACE

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 <b>65-0385551</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**INTRASTATE, REGISTERED A CORP**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **Douglas Gigonac**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6635 W. Commercial Blvd. Suite 217**  
 City **Tamarac** **FL** Zip Code **33319**

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 *Douglas Gigonac* **1/25/02**  
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:  **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVSD DANLER, WILLIAM</b> 4469 N STATE ROAD 7 SUITE 1703 LAUDERDALE LAKES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANLER, KATHLEEN</b> 4469 N STATE ROAD 7 SUITE 1703 LAUDERDALE LAKES FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, DENNIS</b> 2221 LEE ROAD SUITE 15 WINTER PARK FL 32789 <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	<b>6635 W. Commercial Blvd. Suite 217 Tamarac, FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6635 W. Commercial Blvd. Suite 217 Tamarac, FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dennis Lopez* **2-11-02** **(954) 724-5250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)