

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028390

1. Entity Name
AMERICAN HEALTHCARE CONSULTANTS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90161 036 ***150.00

Principal Place of Business
1720 KENNEDY CSWY.
SUITE 109
NORTH BAY VILLAGE FL 33141

Mailing Address
1720 KENNEDY CSWY.
SUITE 109
NORTH BAY VILLAGE FL 33141

00045664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1532 HISPANOLA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1532 HISPANOLA AVENUE
Suite, Apt. #, etc.

City & State
NORTH BAY VILLAGE FL

City & State
N. BAY VILLAGE FL

Zip
33141

Country
USA

Zip
33141

Country
USA

4. FEI Number 65-0409358

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

FREEDMAN, MIKE
1720 KENNEDY CAUSEWAY
SUITE 109
N. BAY VILLAGE FL 33141

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.

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
FREEDMAN, MIKE
1440 KENNEDY CAUSEWAY
NORTH BAY VILLAGE FL 33141

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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V
FREEDMAN, STEPHANIE K
1440 KENNEDY CAUSEWAY
NORTH BAY VILLAGE FL 33141

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 305-866-0250

Date

Daytime Phone #

CR2E034 (10/00)