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Feb 07, 2002 8:0	00 an
Secretary of St	

02-07-2002 90116 001 ***300.00

2002 UNIFORM BUSINESS REPORT (UBR)

P93000033813

1. Entity Name

DOCUMENT #

FLORIDA HEALTHCARE CORPORATION							
Principal Place of Business P O BOX 14-4176 CORAL GABLES FL 33114-176		Mailing Address P O BOX 14-4176 CORAL GABLES FL 33114-176					
US		us					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.					
		City & State					
Zip	Country	Zip	Country				



US		03								
2. Principal P	cipal Place of Business 3. Mailing Address			T LEBUTERY THE FRIEND TITLY MRILL MOLIT BY	/	.488 16181 18181	IL e de 1881 f e d e			
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
		City & State		4. FEI Number 65-0407244				oplied For ot Applicable	}	
Zip	Country	Zip	Zip Country		5. 0	Certificate of Status Desired		8.75 Add	ditional	1
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Regis	stered A	gent - =		55
				Name]
QUIRANTES, RAMON JR. 700 E 1ST AVE.		-	Street Address (P.O. Box Number is Not Acceptable)]	
HIALEAH	FL 33010									
			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e	1	
8. The above	named entity submits this statement for	the purpose of changing it	ts registered	office or registe	ered ag	ent, or both, in the State of Florida	ì.			1
SIGNATURE		(MO	TF: Di-td		4		DATE			
	Signature, typed or printed name of registered agent a			Agent signature require	d when re	enstating)	DAIL			\downarrow
9. This corporation is eligible to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00			10. Election Campaign Finance	ing		0 May Be	_ _	
Tax filling requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust Fund Contribution.		Added	d to Fees		
11.	OFFICERS AND I		12.			L DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	1
TITLE	D	☐ Delete	TITLE					Change	Addition	1
NAME	QUIRANTES, RAMON JR.		NAME							0, 1
STREET ADDRESS	700 E. 1ST AVE. HIALEAH FL 33010		STREET CITY-S	ADDRESS						5
CITY-ST-ZIP	HIALEAN FL 33010			1 · ZIF				☐ Change	Addition	- 5
TITLE NAME		☐ Delete	: TITLE NAME					change	Addition	`
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP		,	CITY-S	T-ZIP						
TITLE		☐ Delete	TITLE			•		☐ Change	Addition	
NAME			NAME			<u>.</u> .			-	
STREET ADDRESS	The state of the s	, - , - , - , - , - , - , - , - , - , -	- STREET	ADDRESS T						
TITLE		□ Delete	TITLE		.			Change	Addition	1
NAME		CT Delete	NAME					online		
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	IT-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADDRESS			NAME	ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-S							
TITLE	r.	☐ Delete	TITLE	· 		to the total of th		☐ Change	Addition	1
NAME	4.5		NAME					. •		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP	,		CITY-S							4
13. Lhereby of	certify that the information supplied with	this filing does not qualify	or the exem	intion stated in S	ection	119.07(3)(i), Florida Statutes, I fur	tner certi	iv that the i	ntormation	1

indicated on this report or supplied with this hilling does not quality or the exemption stated in Section 119.07(3)(I). Florida Statutes, Indicated on this report is true and accurate aperhat 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:

CI TO COURT TO COME SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR