

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90080 012 ***150.00

DOCUMENT # P93000063724

1. Entity Name
CREATIVE HEALTHCARE SERVICES, INC.

Principal Place of Business 633 N.E. 167TH STREET SUITE 1002 NORTH MIAMI BEACH FL 33162	Mailing Address 633 N.E. 167TH STREET SUITE 1002 NORTH MIAMI BEACH FL 33162-2448
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 99 NW MIAMI BDRS DR	3. Mailing Address 99 NW MIAMI Gardens DR
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Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
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City & State North MIAMI Beach, FL	City & State North MIAMI Beach, FL
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4. FEI Number 65-0434387	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 33169	Country USA	Zip 33169	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WEISS, CHARLES P
633 N.E. 167TH STREET
SUITE 1002
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name: **Weiss, Charles P.**
 Street Address (P.O. Box Number is Not Acceptable): **1000 E ISLAND BLVD**
Ste 606
 City: **North Miami, FL** Zip Code: **33180**

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]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete WEISS, CHARLES P 1000 E ISLAND BLVD SUITE 606 N MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEISS, JUNE J 1000 E ISLAND BLVD SUITE 606 N MIAMI BEACH FL 33160
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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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)(l), 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]* **Charles Weiss** 4-12-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)