

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90001 018 ***150.00

DOCUMENT # P93000078890

1. Entity Name
BELL HEALTH CARE, INC.

Principal Place of Business 633 NE 167 ST. SUITE 801 NORTH MIAMI BEACH FL 33162	Mailing Address 633 NE 167 ST. SUITE 801 NORTH MIAMI BEACH FL 33162-2446
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0467987		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KATZEN, BRUCE A ESQUIRE KLUGER, PERETZ, KAPLAN & BERLIN, P.A. 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAHL, MICHAEL			NAME			
STREET ADDRESS	633 NE 167 STREET			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE	DVTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCANO, MERLIN			NAME			
STREET ADDRESS	633 NE 167 STREET			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOREL, MICHAEL			NAME			
STREET ADDRESS	633 NE 167 ST			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORINSKI, BARBARA			NAME			
STREET ADDRESS	633 NE 167 ST			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33162			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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]* **SIGNATURE REQUIRED** Date: 3/31/00 Daytime Phone #: (305) 654-1614

CR2E034 (9/99)