

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P44000009857

1. Entity Name

Florida Health Specialty Providers, Inc

FILED:

01 APR 17 AM 9:59

Principal Place of Business

Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

7900 NW 27 Ave

3. Mailing Address

7900 NW 27th Ave

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Miami, FL

City & State

Miami, FL

REINSTATEMENT # 401

4. FEI Number

05-0466989

SP Not

5. Certificate of Status Desired

\$8.75 Addit Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Sergio Ruiz

Street Address (P.O. Box Number is Not Acceptable)

1301 SW 126 Pl

City

Miami

FL

Zip Code 33184

8. The above named entity admits 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

4/12/2001

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 Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	DPTVS	<input type="checkbox"/> Delete
NAME	Sergio Ruiz	
STREET ADDRESS	1301 SW 126 Place	
CITY-ST-ZIP	Miami, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME	100004037191--5	
STREET ADDRESS	-04/23/01--01005--018	
CITY-ST-ZIP	****105.00 ****105.00	
TITLE		<input type="checkbox"/> Change
NAME	100004037191--5	
STREET ADDRESS	-04/23/01--01005--018	
CITY-ST-ZIP	****945.00 ****945.00	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
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)(c), Florida Statutes. I further certify that the information 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 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 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

4/12/2001

Daytime Phone