

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90121 007 \*\*\*150.00

**DOCUMENT # P94000009857**

1. Entity Name  
**FLORIDA HEALTH SPECIALTY PROVIDERS, INC.**

Principal Place of Business <b>7900 N.W. 27TH STE 205          MIAMI FL 33147          US</b>	Mailing Address <b>7900 N.W. 27TH STE 205          MIAMI FL 33147          US</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0466989</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>RUIZ, SERGIO 1301 S.W. 126TH PL MIAMI FL 33184</b>			7. Name and Address of New Registered Agent		
Name			<b>SAME</b>		
Street Address (P.O. Box Number is Not Acceptable)					
City			<b>FL</b>	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: **SERGIO OSCAR RUIZ SR.** DATE: **1/23/02**

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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE: <b>PTVS</b> <input checked="" type="checkbox"/> Delete	NAME: <b>RUIZ, SERGIO</b>	TITLE: <b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>RUIZ SERGIO JR.</b>
STREET ADDRESS: <b>1301 SW 126 PL</b>	CITY-ST-ZIP: <b>MIAMI FL 33184</b>	STREET ADDRESS: <b>1301 SW 126 PL</b>	CITY-ST-ZIP: <b>MIAMI FL 33184</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>RUIZ, SERGIO</b>	TITLE: <b>VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>RUIZ CHRISTINA</b>
STREET ADDRESS: <b>1301 SW 126 PL</b>	CITY-ST-ZIP: <b>MIAMI FL 33184</b>	STREET ADDRESS: <b>1301 SW 126 PL</b>	CITY-ST-ZIP: <b>MIAMI FL 33184</b>
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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)(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: **SERGIO OSCAR RUIZ SR.** DATE: **1/23/02** TITLE: **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0255410

CR2E034 (9/01)