

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90172 043 ***150.00

DOCUMENT # P94000059086

1. Entity Name

FLORIDA INSTITUTE OF HEALTH FAMILY PHYSICIANS, I NC.

Principal Place of Business

**4410 W OAKLAND PK BLVD
 LAUDERDALE LAKES FL 33313
 US**

Mailing Address

**4410 W OAKLAND PK BLVD
 LAUDERDALE LA 33313
 US**

2. Principal Place of Business

4420 W. OAKLAND PK BLVD

3. Mailing Address

4420 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL.

City & State

LAUDERDALE LAKES FL.

Zip

33313

Country

US

Zip

33313

Country

4. FEI Number

65-0514806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LEEDS, ALEX
 10075 SUNSET STRIP
 SUNRISE FL 33321**

7. Name and Address of New Registered Agent

Name

LEEDS, ALEX

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

4420 W. OAKLAND PK BLVD

City

LAUDERDALE LAKES

FL

Zip Code

33313

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, typed or printed name of registered agent and title if applicable.

(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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	LEEDS, ALEX	
STREET ADDRESS	10075 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEEDS, MARY F	
STREET ADDRESS	10075 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL 33321	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, ALEX	
STREET ADDRESS	4420 W. OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEDS, Robert	
STREET ADDRESS	4420 W. OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

ALEX LEEDS

ALEX LEEDS

4/20/02

954-7332663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)