

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **794000082209**

1. Entity Name
AMITAN Health Services of Hernando, Inc

Principal Place of Business
**3566 Spring Hill DR.
Spring Hill, FL 34609**

Mailing Address
**12566 Spring Hill DR
Spring Hill, FL 34609**

2. Principal Place of Business
**12566 Spring Hill DR.
Suite, Apt. #, etc.**

3. Mailing Address
**12566 Spring Hill DR
Suite, Apt. #, etc.**

City & State
**Spring Hill, FL
34609** Country **USA**

City & State
**Spring Hill, FL
34609** Country **USA**

6. Name and Address of Current Registered Agent
**Enriquez, Dulce M
12566 Spring Hill DR
Spring Hill, FL 34609**

4. FEI Number
65-0532946

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ (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) ☐

**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULCE M. ENRIQUEZ		NAME	DULCE M. ENRIQUEZ	
STREET ADDRESS	10441 QUAIL HILL DR #206		STREET ADDRESS	12566 Spring Hill DR	
CITY-ST-ZIP	Spring Hill, FL 34609		CITY-ST-ZIP	Spring Hill FL 34609	
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		
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)(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: **Dulce M. Enriquez** **PRESIDENT** **4/19/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90082 031 ***158.75

00083222

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)