

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082212

1. Entity Name

AMERICAN HEALTH SERVICES OF BROWARD, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90026 016 ***150.00

Principal Place of Business

7483 N.W. 4TH STREET
PLANTATION FL 33317

Mailing Address

7483 N.W. 4TH STREET
PLANTATION FL 33317-2204

2. Principal Place of Business

6100 Hollywood Blvd.

Suite, Apt. #, etc.

409

City & State

Hollywood, FL.

Zip

33024

Country

Broward

3. Mailing Address

6100 Hollywood Blvd.

Suite, Apt. #, etc.

409

City & State

Hollywood, FL.

Zip

33024

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0532945

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHRMAN, JEFFREY E ESQ
2699 S. BAYSHORE DR.
SUITE 300D
MIAMI FL 33133

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

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.
(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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ALBERTO M	
STREET ADDRESS	11 SAMANA DRIVE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROSA M	
STREET ADDRESS	11 SMANA DR	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRERO, ROXANA M	
STREET ADDRESS	17680 SW 32 ST	
CITY - ST - ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/25/00

CR2E034 (9/99)