

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90016 030 ***150.00

DOCUMENT # P94000082212

1. Entity Name

AMERICAN HEALTH SERVICES OF BROWARD, INC.

Principal Place of Business

Mailing Address

~~6100 HOLLYWOOD BLVD~~
~~408~~
~~HOLLYWOOD FL 33024~~

~~6100 HOLLYWOOD BLVD~~
~~408~~
~~HOLLYWOOD FL 33024~~

2. Principal Place of Business

7900 Nova Drive

Suite, Apt. #, etc.

Suite #205

3. Mailing Address

7900 Nova Drive

Suite, Apt. #, etc.

Suite #205

City & State

Davie, Fl.

City & State

Davie, Fl.

4. FEI Number

65-0532945

Applied For

Not Applicable

Zip

33324

Country

Broward

Zip

33324

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LEHRMAN, JEFFREY E ESQ~~
~~200 S. DIXIE HWY~~
~~SUITE 3000~~
~~MIAMI FL 33133~~

7. Name and Address of New Registered Agent

Name

Alberto Hernandez

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

11 Samana Drive

City

Miami

FL

Zip Code

33133

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

01/07/02

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, 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 **PD** ☐ Delete
NAME **HERNANDEZ, ALBERTO M**
STREET ADDRESS **11 SAMANA DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VP** ☐ Delete
NAME **HERNANDEZ, ROSA M**
STREET ADDRESS **11 SMANA DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **S.** ☐ Delete
NAME **HERRERO, ROXANA M**
STREET ADDRESS **17680 SW 32 ST**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Alberto Hernandez **01/07/02** **(954) 370-6363**

Date

Daytime Phone #

CFR2E034 (9/01)