

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90074 022 \*\*\*150.00

**DOCUMENT # P95000001448**

1. Entity Name

**LIFE HEALTHCARE SERVICES, INC.**

Principal Place of Business

6043 NW 167TH ST  
SUITE 28-A  
MIAMI FL 33015  
US

Mailing Address

6043 NW 167TH ST  
SUITE 28-A  
MIAMI FL 33015  
US

2. Principal Place of Business

10100 N.W. 116 Way

3. Mailing Address

10100 N.W. 116 Way

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

Miami, FL

City & State

Miami, FL 33178

Zip

33178

Country

U.S.A

Zip

33178

Country

U.S.A

4. FEI Number 65-0578671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, RENE  
14620 FITZPATRICK ROAD  
MIAMI LAKES FL 33014

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

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, 2001 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  
NAME HERNANDEZ, RENE  
STREET ADDRESS 14620 FITZPATRICK ROAD  
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 reports 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

Rene Hernandez

2/19/01

Date

(305) 887-3737

Daytime Phone #

Ext. 109

CR2E034 (10/00)