

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90024 043 \*\*\*158.75

**DOCUMENT # P95000014416**

1. Entity Name  
**CHCS OF FLORIDA, INC.**

Principal Place of Business 3050 UNIVERSAL BLVD SUITE 150 WESTON FL 33351 US	Mailing Address 3050 UNIVERSAL BLVD SUITE 150 WESTON FL 33351 US
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970008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0557422</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HARNETT LESNICK &amp; RIPPS P.A.</b> 150 E. PALMETTO PARK ROAD, SUITE 500 BOCA RATON FL 33432-4832			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GARY		NAME		
STREET ADDRESS	3050 UNIVERSAL BLVD SUITE 150		STREET ADDRESS		
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, BRYAN W		NAME		
STREET ADDRESS	1200 BRICKELL AVE STE 1720		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, SUSAN		NAME		
STREET ADDRESS	3050 UNIVERSAL BLVD SUITE 150		STREET ADDRESS		
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Barasch		NAME		
STREET ADDRESS	3050 Universal Blvd Suite 150		STREET ADDRESS		
CITY-ST-ZIP	Weston, FL 33331		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Bryant		NAME		
STREET ADDRESS	3050 Universal Blvd. Suite 150		STREET ADDRESS		
CITY-ST-ZIP	Weston FL 33331		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Waeglein		NAME		
STREET ADDRESS	3050 Universal Blvd. Suite 150		STREET ADDRESS		
CITY-ST-ZIP	Weston FL 33331		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 empowerments.

**SIGNATURE:** \_\_\_\_\_ **4/30/01** **(954) 283-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)