

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054608

1. Entity Name

BARON HEALTH CARE SERVICES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90061 032 \*\*\*150.00

Principal Place of Business

6598 NW 32ND WAY  
BOCA RATON FL 33496  
US

Mailing Address

20423 STATE RD 7 #277  
BOCA RATON FL 33498-6797  
US

2. Principal Place of Business

1700 N. Dixie Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#106

City & State  
BOCA RATON, FL

City & State

Zip  
33432

Country

USA

Zip

Country

4. FEI Number 65-0590994

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

BELSON, STEVEN A  
THE COURTYARD SUITE 150  
5301 N FEDERAL HWY  
BOCA RATON FL 33487

Name KEVIN ROSEFF

Street Address (Post Box Number is not applicable)  
6598 NW 32ND WAY

City BOCA RATON, FL FL Zip Code 33496

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

*Kevin Roseff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/00

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 P  
NAME ROBIN ROSEFF  
STREET ADDRESS 6598 NW 32ND WAY  
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

TITLE  
NAME Kevin Roseff  
STREET ADDRESS 6598 NW 32ND WAY  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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:

*Kevin Roseff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00

Date

561-362-7095

Daytime Phone #

CR2E034 (9/99)