

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90079 039 ***150.00

DOCUMENT # P95000056277

1. Entity Name

NORTHERN MANAGED CARE ASSOCIATES, INC.

WHITE ROCK HEALTHCARE, INC

Principal Place of Business

Mailing Address

11070 MARIN ST
MIAMI FL 33156
US

11070 MARIN ST
MIAMI FL 33156
US

2. Principal Place of Business

201 CRANDON

3. Mailing Address

201 CRANDON

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

Key BISCAYNE

City & State

Key BISCAYNE FL

Zip

FL 33149

Country

USA

Zip

33149

Country

USA

6. Name and Address of Current Registered Agent

MENENDEZ, COAHE

11070 MARIN ST

CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

DR ISMAEL ROQUE-VELASCO

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

201 CRANDON BLVD. # 302

City

Key BISCAYNE FL

Zip Code

33149

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

DR ISMAEL ROQUE-VELASCO

4/1/01

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 **D** ☒ Delete
NAME **MENENDEZ, COAHE**
STREET ADDRESS **11070 MARIN ST**
CITY-ST-ZIP **CORAL GABLES FL 33134**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **ISMAEL ROQUE-VELASCO**
STREET ADDRESS **201 CRANDON BLVD. # 302**
CITY-ST-ZIP **Key BISCAYNE, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

ISMAEL ROQUE-VELASCO

Date

4/1/01

Daytime Phone #

305-669-0013

CR2E034 (10/00)