

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90231 048 \*\*\*150.00

**DOCUMENT # P95000082719**

**1. Entity Name**  
**FLORIDA PHYSICIANS HEALTH CARE GROUP, INC.**

<b>Principal Place of Business</b> 16355 N W 2ND AVENUE STE 400 FL 33169	<b>Mailing Address</b> 6540 N W 40TH COURT 2ND FLOOR BOCA RATON FL 33496-4021 US
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<b>2. Principal Place of Business</b> 6540 N.W. 40TH COURT Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6540 N.W. 40TH COURT Suite, Apt. #, etc.
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<b>City &amp; State</b> BOCA RATON, FL	<b>City &amp; State</b> BOCA RATON, FL
<b>Zip</b> 33496	<b>Country</b> U.S.A.

<b>4. FEI Number</b> 65-0620444	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 NADEL, JEFFREY A  
 6540 N W 40TH COURT  
 2 ND FLOOR  
 BOCA RATON FL 33496

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, RUBEN E		NAME	GARCIA, RUBEN E.	
STREET ADDRESS	70 SHORE DR W		STREET ADDRESS	2655 S. BAYSHORE DRIVE, STE. # 215	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DPVS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADEL, JEFFREY A.		NAME	NADEL, JEFFREY A.	
STREET ADDRESS	3279 CLINT MOORE RD., APT. 103		STREET ADDRESS	6540 N.W. 40TH COURT	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** JEFFREY A. NADEL, PRESIDENT **4/30/2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)