

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
05-22-2001 90626 028 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P95000082719**

1. Entity Name

**FLORIDA PHYSICIANS HEALTH CARE GROUP, INC.**

Principal Place of Business

Mailing Address

18350 N W 2ND AVENUE  
STE 400  
MIAMI FL 33169  
US

6540 N W 40TH COURT  
2ND FLOOR  
BOCA RATON FL 33496-4021  
US

00056423

2. Principal Place of Business

3. Mailing Address

6540 N.W. 40TH COURT

6540 N.W. 40TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. FEI Number 65-0620444

Applied For  
Not Applicable

Zip  
33496

Country  
U.S.A.

Zip  
33496

Country  
U.S.A.

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

NADEL, JEFFREY A  
6540 N W 40TH COURT  
2 ND FLOOR  
BOCA RATON FL 33496

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 reissuing)

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DST	GARCIA, RUBEN E	70 SHORE DR W	MIAMI FL 33133	<input type="checkbox"/>
DP	NADEL, JEFFREY A.	3278 CLINT MOORE RD., APT. 103	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DST	GARCIA, RUBEN E.	2655 S. BAYSHORE DRIVE, STE. # 215	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DPVS	NADEL, JEFFREY A.	6540 N.W. 40TH COURT	BOCA RATON, FL 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

3. 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 we do not call, 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  
Jeffrey A. Nadel, PRESIDENT

4/30/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Jeffrey A. Nadel