

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015074

1. Entity Name

CADUCEUS PRIMA HEALTH CORPORATION

Principal Place of Business

17901 NW 5TH ST #205
PEMBROKE PINES FL 33029

Mailing Address

17901 NW 5TH ST #205
PEMBROKE PINES FL 33029

2. Principal Place of Business

9877 Pines Blvd

3. Mailing Address

9877 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

Broward

Zip

33024

Country

Broward

6. Name and Address of Current Registered Agent

WONG, ANTONIO H
9877 PINES BLVD.
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Heidi Wang

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

9877 Pines Blvd

City

Pembroke Pines

FL

Zip Code

33024

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.

Heidi Wang, office Administrator 1-17-01

(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: President
NAME: WONG, ANTONIO MD
STREET ADDRESS: 17901 NW 5TH ST STE 205
CITY-ST-ZIP: PEMBROKE PINES FL

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Administrator
NAME: Heidi Wang
STREET ADDRESS: 9877 Pines Blvd
CITY-ST-ZIP: Pembroke Pines, FL 33024

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Wong

Date

1-17-01

Daytime Phone #

954-442-2828

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90192 039 ***150.00

UUUUUUUU



DO NOT WRITE IN THIS SPACE

0115411

CR2E034 (10/00)