

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024492

1. Entity Name

AMERICAN COMPREHENSIVE HEALTHCARE SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90072 018 ***150.00

Principal Place of Business

Mailing Address

3025 NORTH OCEAN BLVD.

3025 NORTH OCEAN BLVD.

#5

#5

FT. LAUDERDALE FL 33308

FT. LAUDERDALE FL 33308-7327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3025 N. Ocean Blvd.

3025 N. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

#5

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0665460

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

BEHAN, HUGH J
VENTURE CORPORATE CENTER II
200 S. PARK ROAD, SUITE 320
HOLLYWOOD FL 33021

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 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, 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** ☐ Delete
NAME **BEHAN, MARY**
STREET ADDRESS **12080 PICADILLY LANE**
CITY-ST-ZIP **DAVIE FL**

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

TITLE **VP** ☐ Delete
NAME **COSTANZO, SHARON**
STREET ADDRESS **423 N RAINBOW DR**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **Costanzo, Sharon**
STREET ADDRESS **12303 N.W. 27 Place**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Mary Behan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(954) 565-6599

Date

Daytime Phone #

CR2E034 (9/99)