2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025751

FILED
00 MAY 11 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

~~PREMIER PROVIDER NETWORK, INC~~ 5/8/2000
N/C Florida Health Partnership, Inc.

Principal Place of Business: 4750 NW 191 St, Miami, Fl 33055

Mailing Address: Same

2. Principal Place of Business: Same as above
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address: Same as above
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 65-0649946 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

[redacted]

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Carlos Perez
4750 NW 191 St
Miami, Fl 33055

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 _____
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
AND MAY 1, 2000 IT WILL BE $175.00
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	P.D.
NAME	CARLOS PEREZ
STREET ADDRESS	4750 NW 191 St
CITY-ST-ZIP	Miami, Fl 33055
	xxx ☐ Delete
TITLE	STD
NAME	JANET SUAREZ
STREET ADDRESS	4750 NW 191 St
CITY-ST-ZIP	~~Miami, Fl 33055~~
	xxx ☐ 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	P.S.T.D.
NAME	GEORGE SUAREZ
STREET ADDRESS	10712 SW 14 PL
CITY-ST-ZIP	Davie, Fl 33324
	☐ Change xxx 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

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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] KE
JS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/01/00 — Daytime Phone #