2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025751

1. Entity Name

FLORIDA HEALTH PARTNERSHIP, INC

amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 11 AM 8:18

[redacted]

DO NOT WRITE IN THIS SPACE

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

Mailing Address
Same

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0649946 ☐ Applied For ☐ Not Applicable

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

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: George Suarez
Street Address (P.O. Box Number Is Not Acceptable): 10712 SW 14 Pl
Davie, Fl 33324
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 X George Suarez
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 it will be $400.00
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: President NAME: George Suarez STREET ADDRESS: 10712 SW 14 PL. CITY-ST-ZIP: Davie, FL. 33324	☐ Delete	TITLE: President NAME: George Suarez STREET ADDRESS: 10712 SW 14 PL. CITY-ST-ZIP: Davie, FL. 33324	☐ Change ☐ Addition
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NO CHANGE

COPY

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: George Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2000
Date Daytime Phone #