

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90154 009 ***150.00

DOCUMENT # P96000026689

1. Entity Name

BISCAYNE MILIEU HEALTH CENTER, INC.

00038142



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13499 BISCAYNE BLVD. NORTH MIAMI FL 33181	Mailing Address 13499 BISCAYNE BLVD. NORTH MIAMI FL 33181
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0657826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUALITY CARE NETWORK
13499 BISCAYNE BLVD
TOWER 2
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **Antonio Alfredo MACLI**
 Street Address (P.O. Box Number is Not Acceptable)
13499 Biscayne Blvd #101
 City **North Miami** FL Zip Code **33181**

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 **Antonio A. Macli** DATE **4-10-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MACLI, ANTONIO 13499 BISCAYNE BLVD., #102 MIAMI FL 33181	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **Antonio A. Macli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

0230384

CR2E034 (10/00)