

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000027654****1. Entity Name**
PROVIDA HEALTHCARE MANAGEMENT GROUP, INC.**Principal Place of Business**

1385 N.W. 15TH STREET

MIAMI
33125

FL

Mailing Address

P.O. BOX 440187

MIAMI
33144

FL

2. Principal Place of Business

1455 N.W. 14TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

Zip
33125

Country

Zip

Country

4. FEI Number**65-0692321**

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**METSCH BENJAMIN R
1385 NW 15TH STREETMIAMI
33125

FL

7. Name and Address of New Registered Agent**Name**

METSCH BENJAMIN R

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

1455 NW 14TH STREET

City
MIAMI

FL

Zip Code
33125**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)

05/01/2000

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CANTILLO MARLENE	
STREET ADDRESS	19 W FLAGLER ST, STE 416	
CITY-ST-ZIP	MIAMI FL	

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	CANTILLO JULIAN	
STREET ADDRESS	1385 NW 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALE DONNA		
STREET ADDRESS	1455 NW 14TH STREET		
CITY-ST-ZIP	MIAMI FL 33125		

TITLE	DVST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTILLO JULIAN		
STREET ADDRESS	1455 NW 14TH STREET		
CITY-ST-ZIP	MIAMI FL 33125		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Julian Cantillo

DVST 05/01/2000