

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P96000055154**

1. Entity Name

**ANDERSON HEALTH CARE SERVICES, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90028 044 \*\*\*150.00

Principal Place of Business 777 E 25TH ST STE 316 HIALEAH FL 33013 US	Mailing Address 777 E 25TH ST STE 316 HIALEAH FL 33013-3849 US
---	--



DO NOT WRITE IN THIS SPACE

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 <b>65-0686735</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**PLOUCHA, L M**  
**C/O ATKINSON, DINER, STONE & MANKUTA**  
**1946 TYLER STREET**  
**HOLLYWOOD FL 33022-2088**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, O D</b>
STREET ADDRESS	<b>511 ORIOLE AVENUE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, NAOMI H</b>
STREET ADDRESS	<b>511 ORIOLE AVENUE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, DAVID P</b>
STREET ADDRESS	<b>511 ORIOLE AVENUE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, WAYNE O</b>
STREET ADDRESS	<b>511 ORIOLE AVENUE</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>
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	<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	
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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4-4-00** **305-696-1770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)