

2002

4/1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90163 023 ***150.00

DOCUMENT # 196000060757

1. Entity Name

Community Health CARE CENTER
OF PENSACOLA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6770 No. 9th. AVE

3. Mailing Address

12000 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola FL.City & State
No. Miami, FL.Zip
32504

Country

Zip
33181Country
DADC

4. FEI Number

59-3389677

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

PAUL J. LEIGHT

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

12000 BISCAYNE BLVD

Suite #509

City

No. Miami, FL

FL

Zip Code

33181

DO NOT WRITE
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME	PAUL J. LEIGHT - P-D
STREET ADDRESS	12000 BISCAYNE BLVD.
CITY-ST-ZIP	#509

TITLE NAME	NO. MIAMI, FL. 33181
STREET ADDRESS	
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CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL J. LEIGHT

4/9/02 305/89/3895

Date

Daytime Phone #

CR2E034B (12/01)