

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067188

1. Entity Name

MD HEALTHCARE, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90041 010 \*\*\*150.00

Principal Place of Business

2717 W CPYRESS CREEK RD  
STE 700  
FT LAUDERDALE FL 33309  
US

Mailing Address

2717 W CPYRESS CREEK RD  
STE 700  
FT LAUDERDALE FL 33309-1703  
US

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

65-0698169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, SAMUEL J  
1489 W PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

Name Samuel J Cantor

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

6700 Broken Sound Pkwy NW

Suite 200

City

Boca Raton

FL

Zip Code  
33487

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]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/00

9. This corporation is eligible to satisfy its longable  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **D**  
PARKER, DAVID L  
STREET ADDRESS 2717 W CPYRESS CREEK RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☒ Addition  
NAME **D**  
Philip Stickles  
STREET ADDRESS 2717 W Cypress Creek Rd  
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE ☒ Delete  
NAME **D**  
PARKER, DEBRA  
STREET ADDRESS 2717 W CYPRESS CREEK RD  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☒ Addition  
NAME **D**  
Steven G Rose  
STREET ADDRESS 2717 W Cypress Creek Rd  
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
Christine Rogers  
STREET ADDRESS 2717 W Cypress Creek Rd  
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 954 969 0658

CR2E034 (9/99)