

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90083 042 \*\*\*158.75

**DOCUMENT # P96000072747**

1. Entity Name  
**INSTITUTE OF AMBULATORY BEHAVIORAL HEALTHCARE, I**

Principal Place of Business <b>101 MAJORCA AVE. CORAL GABLES FL 33134</b>	Mailing Address <b>101 MAJORCA AVE. CORAL GABLES FL 33134-4508</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0712165</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>WAGNER, ANTONIO 101 MAJORCA AVE. CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent			
				Name <b>ANTONIO A. WAGNER</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>101 MAJORCA AVE</b>			
				City <b>CORAL GABLES</b>			
				State <b>FL</b>		Zip Code <b>33134</b>	

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 Wagner* **ANTONIO WAGNER**  
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGNER, ANTONIO</b> <b>101 MAJORCA AVE.</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>WAGNER, ANTONIO</b> <b>101 MAJORCA AVE.</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Wagner* **ANTONIO WAGNER** **2-21-00** **305-448-6988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)