

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90091 003 ***158.75

DOCUMENT # P96000072747

1. Entity Name
INSTITUTE OF AMBULATORY BEHAVIORAL HEALTHCARE, I

Principal Place of Business Mailing Address
101 MAJORCA AVE. **101 MAJORCA AVE.**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SAME AS ABOVE

Zip Country Zip Country

4. FEI Number **65-0712165** 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

WAGNER, ANTONIO
101 MAJORCA AVE.
CORAL GABLES FL 33134

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 *Antonio Wagner* *Antonio Wagner* *4-29-01*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, ANTONIO 101 MAJORCA AVE. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WAGNER, ANTONIO 101 MAJORCA AVE. CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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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* *4-29-01* *305-448-6988*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE