

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90103 029 \*\*\*555.00

**DOCUMENT # P96000082434**

1. Entity Name  
**COLONY STAFFING I, INC.**

Principal Place of Business

3225 AVIATION AVENUE  
 STE. 700  
 COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVENUE  
 STE. 700  
 COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0688992**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARCUS, STEWART**  
**3225 AVIATION AVENUE**  
**STE. 700**  
**COCONUT GROVE FL 33133**

Name  
**HEALTHTRUST AMERICA, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**4101 Ravenswood Road**

City  
**Dania**

FL

Zip Code  
**33512**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stewart Marcus*  
 Signature, typed or printed name of registered agent and title if applicable.

**Stewart Marcus, Director**

Sent **13, 2002**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**  
**MARCUS, STEWART**  
**3225 AVIATION AVENUE, STE. 700**  
**COCONUT GROVE FL 33133** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**RAFOFSKY, HARVEY P**  
**3225 AVIATION AVENUE, STE. 700**  
**COCONUT GROVE FL 33133** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VT**  
**FAGAN, PETER F**  
**3225 AVIATION AVENUE, STE 700**  
**COCONUT GROVE FL 33133** ☒ Delete

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

TITLE  
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 STREET ADDRESS  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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:

*Stewart Marcus*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stewart Marcus**

Sent **13, 2002**

Date

Daytime Phone #

CR2E034 (4/02)