

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007645

1. Entity Name

ALL HEALTH DEVELOPMENT CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 901 49 040 ***150.00

Principal Place of Business

4960 NW 72ND TERR
LAUDERHILL FL 33319
US

Mailing Address

4960 NW 72ND TERR
LAUDERHILL FL 33319-3467
US

040001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3810 INVERRARY Blvd.
Suite, Apt. #, etc.
Suite 302

3. Mailing Address

3810 Inverrary Blvd.
Suite, Apt. #, etc.
Suite 302

City & State

LAUDERHILL, FL

City & State

Lauderhill, FL

4. FEI Number

65-0721718

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHABOTTE, STEVEN
4960 NW 72ND TERR
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

Jeanne O. Conway

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

324 Royal Palm Way

Suite 300

City

W Palm Beach FL FL

Zip Code

33480

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

Jeanne O. Conway

JEANNE O. CONWAY

4/19/00

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) ☒

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

TITLE **P** ☒ Delete
NAME **CHABOTTE, STEVEN**
STREET ADDRESS **4960 NW 72ND TERR**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition
NAME **THOMAS H. POWELL**
STREET ADDRESS **12994 Calais Circle**
CITY-ST-ZIP **West Palm Beach FL 33410**

TITLE **Exec VP/D** ☐ Change ☒ Addition
NAME **Kathleen J. King**
STREET ADDRESS **1500 SE 13th Street**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

TITLE **CFO/D** ☐ Change ☒ Addition
NAME **C.B. AKERS**
STREET ADDRESS **3810 Inverrary Blvd, Suite 302**
CITY-ST-ZIP **Lauderhill, FL 33319**

TITLE **Chief Medical Officer/D** ☐ Change ☒ Addition
NAME **Nabil El Sanadi**
STREET ADDRESS **1900 S. Ocean, #4E**
CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Lee J. Collins**
STREET ADDRESS **2462 SW 12th Ct**
CITY-ST-ZIP **Deerfield Beach FL 33442**

TITLE **GC/D** ☐ Change ☒ Addition
NAME **Jeanne O. Conway**
STREET ADDRESS **5611 Park Circle West**
CITY-ST-ZIP **West Palm Beach FL 33405**

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:

Jeanne O. Conway Jeanne O. Conway

4/19/00

561 655-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #