

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019071**

1. Entity Name

S & D HEALTHCARE, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90024 008 ***150.00

Principal Place of Business

**2717 W CYPRESS CREEK RD
STE 1200
FT LAUDERDALE FL 33309
US**

Mailing Address

**2717 W CYPRESS CREEK RD
STE 1200
FT LAUDERDALE FL 33309-1703
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0732911

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

**CANTOR, SAMUEL J
1489 W PALMETTO PARK BLVD.
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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PARKER, DAVID L	2717 W CYPRESS CREEK RD	FT LAUDERDALE FL 33309	D	Philip Stickles	2717 W Cypress Creek Rd	Ft Lauderdale, FL 33309
D	PARKER, DEBRA	2717 W CYPRESS CREEK RD	FT LAUDERDALE FL 33309	D	Steven G Rose	2717 W Cypress Creek Rd	Ft Lauderdale, FL 33309
				D	Christine Rogers	2717 W Cypress Creek Rd	Ft Lauderdale, FL 33309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0014 (1/9/99)

C