2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P97000021552** PHYSICIAN CHARTER SERVICE, INC. 03-02-2001 90084 025 ***158.75 Principal Place of Business Mailing Address 900 E. BAY DRIVE, SUITE #520 900 E. BAY DRIVE, SUITE #520 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0734023 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNSTEIN, DAVID S Street Address (P.O. Box Number is Not Acceptable) 900 E. BAY DRIVE, SUITE #520 MIAMI BEACH FL 33141 City Zip Code t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nan tity submits this st (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if app 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDS** CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition BERNSTEIN, DAVID NAME 900 E. BAY DRIVE, SUITE #520 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. of the corporation or the receiver or trustee empove changed, or on an attachment with an address, wit

G OFFICER OR DIRECTO

Daytime Phone #