2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P97000026408** JD HEALTHCARE, INC. 04-27-2000 90024 040 ***150.00 Mailing Address Principal Place of Business 2717 W CYPRESS CRREK RD 2717 W CYPRESS CREEK RD SUITE 100 SHITE 100 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0738532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Samuel-J-Cantor-CANTOR, SAMUEL J Street Address (PO. Box Number is Not Acceptable) 6700 Broken Sound Pkwy NW 1489 W PALMETTO PARK ROAD SUITE 485 Suite 200 **BOCA RATON FL 33486** Zip Code 3348 Boca Raton shanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sy SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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. ☐ Change **XX** Addition TITLE XX Delete TITLE Philip Stickles PARKER, DAVID L NAME NAME 2717 W Cypress Creek Rd Ft Lauderdale, FL 33309 <u>5</u> STREET ADDRESS 2717 W CYPRESS CREEK RD, STE 100 STREET ADDRESS FORT LAUERDALE FL 33309 CITY-ST-7IP CITY-ST-ZIP Change XX Addition TITLE XX Delete TITLE Steven G Rose PARKER, DEBRA NAME 2717 W Cypress Creek Rd 2717 W CYPRESS CREED RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale, FL 33309 FT LAUDERDALE FL 33309 Change X KAddition ☐ Delete TITLE . Christine Rogers 2717 W Cypress Creek Rd NAME NAME STREET ADDRESS STREET ADDRESS Ft Lauderdale, FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7lP CITY-ST-ZIP

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 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 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 Section or an attachment with an address with all other like empowered.

SIGNATURE:

SUBMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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