## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700041994  FAMILY HEALTH FIRST CENTERS, INC.			May 03, 2000 8:00 a Secretary of State 03-04-2000 90038 016 ***150.00		
incipal Place of Business	Mailing Address				
2 n armenia ave E B-6	460 <del>2 IV ARMENIA AVE</del> <del>- STE-18-6</del>				
MPA FL 33603	TAMPA-FL-33801-2440		Æ		
Principal Place of Business	3. Mailing Address	2446			
Suite, Apt. #, etc.	Suite Apt.#, etc.	<u> 2440</u>		BIU QUIU BAUU BIAGI IGHA UDUL IA /RITE IN THIS SPACE	IGNY <b>divin ed e</b> t
	Maunton				
City & State	City & State	$\mathcal{H}$	4. FEI Number 59-34467	<i>[</i> 45	pplied For ot Applicable
Zip Country	33(0)	Country Willsb	5. Certificate of Status Desire	d   \$8.75 Ad Fee Require	
6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New	w Registered Agent	
RILEY, STEVEN P DR.		- N	lendy L Sch	Weitz	
4602 N ARMENIA AVE		Street Ada	Name of the second	<u>E'</u>	
STE B-6 Tampa FL 33603		(000	a Tropical B	viete lita	<del>}</del>
IMPERIE GOODS		City T	ampa	FL Z33	602
GNATURE Signature, typed or printed name of registeres	d agent and the if applicable (NOTE	. Registered Agent signature rec		1/23/00	
This corporation is eligible to satisfy its Inta Tax liting requirement and elects to do so. (See criteria on back)	d sgent and No if applicable (NOTE ingible FILE NOW!! After MAY 1, 200 Make Check Payable	Registered Agent signature (ed.) If FEE IS \$150.00 OF Fee will be \$550.0 be to Department of	puired when reinstating)  10. Election Campaigr Trust Fund Contrib	DATE ST.	00 May Be
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