

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90277 042 ***150.00

DOCUMENT # P97000043848

1. Entity Name
COORDINATED PATIENT CARE, INC.



Principal Place of Business
**1600 STATE RD 7
SUITE 200
LAUDERHILL FL 33313**

Mailing Address
**1600 STATE RD 7
SUITE 200
LAUDERHILL FL 33313**

11010609



2. Principal Place of Business
4100 S. Hospital Drive

3. Mailing Address
4100 S. Hospital Drive

Suite, Apt. #, etc.
Suite 209

Suite, Apt. #, etc.
Suite 209

City & State
Plantation, FL 33317

City & State
Plantation, FL 33317

4. FEI Number **65-0800127**

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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

**CONRAD & SCHERER, LLP
633 SOUTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33302**

Name
W. Earl Hall, Esquire

Street Address (P.O. Box Number is Not Acceptable)
633 South Federal Highway

Eighth Floor

City **Fort Lauderdale** **FL** Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPS
HAMILTON, MAXINE
10721 LONDON ST
COOPER CITY FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Earl Hall, Esquire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

(954) 587-5857
Daytime Phone #

CR2E034 (10/02)