

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071648

1. Entity Name  
SS&F HEALTH, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90100 041 \*\*\*150.00

Principal Place of Business

19036 SUITE B1  
BRUCE B. DOWNS BLVD  
TAMPA FL 33647  
US

Mailing Address

19036 SUITE B1  
BRUCE B. DOWNS BLVD  
TAMPA FL 33647  
US

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3493655**

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

ANDREWS, LANCE  
2828 66TH TER S  
ST PETERSBURG FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2001 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 **D** ☐ Delete  
NAME **SANCHEZ, GARY**  
STREET ADDRESS **5085 34TH ST S**  
CITY-ST-ZIP **ST PETERSBURG FL 33711**

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

TITLE **D** ☐ Delete  
NAME **SOTOLONGO, LEGLIO E**  
STREET ADDRESS **6886 GULFPORT BLVD S**  
CITY-ST-ZIP **SOUTH PASADENA FL 33707**

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

TITLE **D** ☒ Delete  
NAME **FRIEDMAN, DAVID B**  
STREET ADDRESS **19036 SUITE B1 BRUCE B. DOWNS BLVD**  
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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

**Leglio Sotolongo**

Date

**813-615-0939**

Daytime Phone #

CR2E034 (10/00)