

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90009 001 ***150.00
 09-05-2000 90009 002 ***400.00

DOCUMENT # P97000073541

1. Entity Name

HEALTH CENTERS OF EXCELLENCE, INC.

R

Principal Place of Business

Mailing Address

6800 N. DALE MABRY
 SUITE 100
 TAMPA FL 33614

6800 N. DALE MABRY
 SUITE 100
 TAMPA FL 33614-3984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3472530

Applied For

Not Applicable

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

HODGES, GEOFFREY T
400 N. TAMPA ST., STE. 2630
TAMPA FL 33602

Name

Benedict Maniscalco

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

2727 W. Martin Luther King

Suite 800

City

Tampa

FL

Zip Code

33607

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

Benedict Maniscalco

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, 2000 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 **MANISCALCO, BENEDICT**
 STREET ADDRESS **2727 W. MARTIN LUTHER KING BLVD., STE. 800**
 CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **D** ☐ Delete
 NAME **ALAGONA, PETER JR.**
 STREET ADDRESS **2727 W. MARTIN LUTHER KING BLVD., STE. 800**
 CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **D** ☐ Delete
 NAME **ELCHAHAL, SAMI**
 STREET ADDRESS **2727 W. MARTIN LUTHER KING BLVD., STE. 800**
 CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Benedict Maniscalco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99

Doc # P97 000073541
20241

HEALTH CENTERS OF EXCELLENCE

6800 N. Dale Mabry, #100
Tampa, FL 33614 813/882-6567 – Fax : 813/882-3776

August 3, 2000

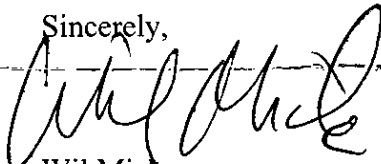
Division of Corporations
Uniform Business Report Filings
P. O. box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is the Uniform Business Report for Health Centers of Excellence, Inc. along with a check for \$150.

This form was inadvertently misplaced in a file folder and payment was not made in a timely manner. We request waiving the additional fee of \$400 for late filing. Your consideration would be greatly appreciated.

Sincerely,



Wil Mick
Chief Financial Officer

WM/ec

Enc.