

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080198

1. Entity Name

AMERICARE MEDICAL CENTRE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90054 024 ***150.00

Principal Place of Business

1652 N.E. MIAMI GARDENS
NORTH MIAMI FL 33179

Mailing Address

% B. GREEN
600 S. ANDREWS. #400
FT. LAUDERDALE FL 33301-2861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781629

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

GREEN, BRUCE D
600 S. ANDREWS AVENUE
SUITE 400
FT. LAUDERDALE FL 33301

Name

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

100 SE 2nd ST. #2750

City

MIAMI

FL

Zip Code

33131

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, 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 ☐ Delete
NAME P
STREET ADDRESS MILLER, BARBARA
CITY-ST-ZIP 3300 N.E. 191ST STREET SUITE LP 10
NORTH MIAMI BEACH FL 33180

TITLE ☐ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS GOLDSTEIN, DAVID
CITY-ST-ZIP 100 SE 2nd ST #2750
MIAMI, FL. 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)