

2001 UNIFORM BUSINESS REPORT (UBR)

0148832

DOCUMENT # P97000080453

1. Entity Name

CONTINUOCARE HOME HEALTH OF FLORIDA, INC.

FILED

01 APR 30 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

80 S.W. 8TH STREET
SUITE 2350
MIAMI FL 33130

Mailing Address

80 S.W. 8TH STREET
SUITE 2350
MIAMI FL 33130

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 65-0748362

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

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 PT ☐ Delete
NAME ANGEL, SPENCER J
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

TITLE P, VP, T ☒ Change ☐ Addition
NAME Spencer Angel
STREET ADDRESS 80 SW 8th Street, Suite 2350
CITY-ST-ZIP Miami, FL 33130

TITLE VP ☒ Delete
NAME SALAZAR, GUILLERMO
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Change ☐ Addition
NAME **400004161954-1**
STREET ADDRESS **-05/08/01--D1064--003**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE S ☐ Delete
NAME HORMELL, MAIVE
STREET ADDRESS 800 FAIRWAY DRIVE, SUITE 250
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPENCER ANGEL

4/27/01

Date

305.350.7515

Daytime Phone #

CR2E034 (10/00)