

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90055 004 ***150.00

DOCUMENT # P97000081288

1. Entity Name

HEALTHLINK INSTITUTE OF BELLE GLADE, INC.

Principal Place of Business	Mailing Address
5400 S UNIVERSITY DRIVE FL 33328	5400 S UNIVERSITY DRIVE #405 DAVIE FL 33328-5311 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0805227	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CALANO, MARTIN J 5400 S UNIVERSITY DRIVE SUITE 405 CORAL GABLES FL 33134	

7. Name and Address of New Registered Agent	
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	HERNANDEZ, FRANK C	NAME	
STREET ADDRESS	5400 S UNIVERSITY DRIVE, #405	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	CALANO, MARTIN J	NAME	
STREET ADDRESS	5400 S UNIVERSITY DRIVE, #405	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MARTIN J. CALANO 4/25/00 954-680-4782
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)