

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081996

1. Entity Name

AD HEALTHCARE, CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90048 024 ***150.00

Principal Place of Business

2717 W. CYPRESS CREEK RD.
SUITE 1000
FT LAUDERDALE FL 33309
US

Mailing Address

2717 W. CYPRESS CREEK RD.
SUITE 1000
FT LAUDERDALE FL 33309-1703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0783435

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

CANTOR, SAMUEL L
1489 W PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Name

Samuel J. Cantor

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

6700 Broken Sound Pkwy NW, #200

City

Boca Raton

FL

Zip Code
33487

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/5/00

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	XXXX Delete
NAME	PARKER, DAVID L	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	XXXX Delete
NAME	PARKER, DEBRA	
STREET ADDRESS	2717 W CYPRESS CREEK RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Stickles	
STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven G Rose	
STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Rogers	
STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/00 954 969 0658
Daytime Phone #

CR2E034 (9/99)