

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001161-1/1

1. Entity Name
AMERICAN HEALTH SERVICES of DADE, INC.

Principal Place of Business

Mailing Address
7900 NOVA DRIVE, SUITE #205
DAVIE, FL. 33324

2. Principal Place of Business

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0803729

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Alberto Hernandez
11 Samana drive
Miami, FL. 33133

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Alberto Hernandez 11 Samana Drive Miami, FL. 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Rosa M. Hernandez 11 Samana Drive Miami, FL. 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Rosa M. Hernandez 11 Samana Drive Miami, FL. 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600004739546-009 -12/26/01--01087--009 ****150.00 ****150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 tutor 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 or without other like empowered.

SIGNATURE:

[Signature]

12/03/01 (994) 370-6363

FILED

01 DEC -5 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/01)

American Health Services of Broward, Inc.

7900 Nova Drive, Suite 205

Davie, Florida 33324

954-370-6363

282

December 3, 2001

State of Florida
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report

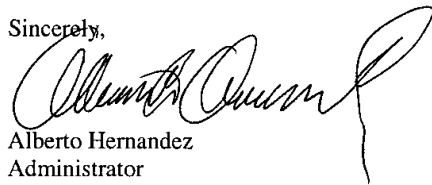
To Whom It May Concern:

American Health Services of Dade moved from its location over one year ago. The forward has expired at the post office.

With this in mind, I am requesting that the records regarding American Health Services of Dade be updated to reflect the address above. Also, I am submitting the Uniform Business Report with applicable fee attached to maintain the "active" status of the Company.

Thank you for your understanding and cooperation on this matter.

Sincerely,



Alberto Hernandez
Administrator