

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90290 031 \*\*\*158.75

DOCUMENT # P98000002642

1. Entity Name

MANGO HEALTH BENEFITS CORPORATION

Principal Place of Business

222 RIVER PARK DRIVE  
JUPITER FL 33457

Mailing Address

222 RIVER PARK DRIVE  
JUPITER FL 33457

913570

2. Principal Place of Business

1002 S. Old Dixie Hwy  
Ste. 304

3. Mailing Address

1002 S. Old Dixie Hwy  
Ste. 304



DO NOT WRITE IN THIS SPACE

City & State

Jupiter, Florida

City & State

Jupiter, Florida

4. FEI Number

65-0807416

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRISKIN, ROBERT A M.D.  
222 RIVER PARK DRIVE  
JUPITER FL 33457

7. Name and Address of New Registered Agent

Name: Briskin, Robert A. M.D.  
Street Address (P.O. Box Number is Not Acceptable): 1002 S. Old Dixie Hwy, Ste. 304  
City: Jupiter  
State: FL  
Zip Code: 33458

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: Robert Briskin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

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

TITLE: D  
NAME: BRISKIN, ROBERT A M.D.  
STREET ADDRESS: 222 RIVER PARK DRIVE  
CITY-ST-ZIP: JUPITER FL 33457

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President  
NAME: Briskin, Robert A. M.D.  
STREET ADDRESS: 1002 S. Old Dixie Hwy, Ste. 304  
CITY-ST-ZIP: Jupiter, Florida 33458

☒ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Change ☐ 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 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 #

Robert Briskin

1/31/01

561-746-9404

CR2E034 (10/00)