

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002665

1. Entity Name

BARON HEALTH CARE SERVICES OF AMERICA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90138 031 ***150.00

Principal Place of Business

Mailing Address

20423 STATE ROAD 7, SUITE 277
BOCA RATON FL 33498

20423 STATE ROAD 7, SUITE 277
BOCA RATON FL 33498-6797

2. Principal Place of Business

3. Mailing Address

4401 N. Dixie Hwy

4401 N. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

4. FEI Number

65-0803396

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

33431

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

LAURENCE, JODI B
7777 GLADES RD, SUITE 300
BOCA RATON FL 33434

Name

KEVIN ROSEFF

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

6598 NW 32ND WAY

City

BOCA RATON

FL

Zip Code

33496

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, 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 ☐ Delete
NAME D
STREET ADDRESS ROSEFF, KEVIN
CITY-ST-ZIP 20423 STATE ROAD 7, SUITE 277
BOCA RATON FL 33498

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6598 NW 32ND WAY
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kevin Roseff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00

Date

561-394-3166

Daytime Phone #

CR2: 0014: 014