

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017946

1. Entity Name

AFFILIATED HEALTHCARE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90096 037 ***163.75

Principal Place of Business

Mailing Address

555 WEST GRANADA
87
ORMOND BEACH FL 32174

555 WEST GRANADA
87
ORMOND BEACH FL 32174-9490

2. Principal Place of Business

433 Silver Beach AVE.

3. Mailing Address

433 Silver Beach AVE.

Suite, Apt. #, etc.

Suite: 204

Suite, Apt. #, etc.

Suite: 204

City & State

Daytona Beach, FL.

City & State

Daytona Beach, FL.

Zip

32118

Country

Volusia

Zip

32118

Country

Volusia

4. FEI Number

65-0816313

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTCH, DON CEO
555 GRANADA BLVD
87
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Don Bertch -- CEO

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

433 Silver Beach AVE.

Suite: 204

City

Daytona Beach

FL

Zip Code

32118

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 Don Bertch CEO

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

Don Bertch

(NOTE: Registered Agent signature required when reinstating)

1/13/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BERTCH, DONALD C
316 TIMBERLINE DRIVE
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEEZER, FRED
40 HILL ROAD
LOUISVILLE KY 40204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JIM L. BOWEN JR.
6000 DONATEO
CEO ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
STREET ADDRESS
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: Donald C. Bertch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

904-451-4350

Daytime Phone #