

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90131 048 ***150.00

0017781 AV

DOCUMENT # P98000028268
 1. Entity Name
MULTICARE HEALTH MANAGEMENT ASSOCIATES, INC.

Principal Place of Business Mailing Address
1901 SW 1 STREET PO BOX 350187
2ND FLOOR MIAMI FL 33135



2. Principal Place of Business 3. Mailing Address
7483 Coral Way
 Suite, Apt. #, etc. Suite/Apt. #, etc.

City & State City & State 4. FEI Number **65-0825965** Applied For
Miami, Florida Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33155-1403 Miami-Dade

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GAZQUEZ, JESUS Name
1560 SW 139 AVE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33184 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
 (See criteria on back) **After May-1, 2002 Fee will be \$550.00** Trust Fund Contribution.
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAZQUEZ, JESUS		NAME	VILABOA-GAZQUEZ, MERCEDES	
STREET ADDRESS	1560 SW 139 AVE		STREET ADDRESS	1560 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL 33184		CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: MERCEDES VILABOA-GAZQUEZ, PTD 04/20/02 (305) 480-9701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)