

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028592

1. Entity Name

ALLIANCE HEALTH CARE SERVICES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90369 044 \*\*\*150.00

Principal Place of Business

1650 S. DIXIE HIGHWAY, SUITE 1A-D  
BOCA RATON FL 33432

Mailing Address

1650 S. DIXIE HIGHWAY, SUITE 1A-D  
BOCA RATON FL 33432

2. Principal Place of Business

3998 FAU BLVD.

Suite, Apt. #, etc.

SUITE 110

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

FLORIDA

3. Mailing Address

3998 FAU BLVD.

Suite, Apt. #, etc.

SUITE 110

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0835555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, MICHAEL E ESQUIRE  
800 CORPORATE DRIVE, SUITE 510  
FORT LAUDERDALE FL 33334

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 \$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 ☐ Delete  
NAME D  
STREET ADDRESS HEMLEPP, SALLY  
CITY-ST-ZIP 1640 S. DIXIE HIGHWAY, SUITE 1A-D  
BOCA RATON FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 employees.

SIGNATURE:

SIGNATURE AND TYPE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

Date

561-368-5550

Daytime Phone #

CR2E034 (10/00)