2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055736
1. Entity Name
L.C. COMPREHENSIVE CARE PA

FILED
Jul 10, 2000 8:00 am
Secretary of State
07-10-2000 90013 021 ***150.00

Principal Place of Business
2300 N Commerce
suite 307-B
Weston, Fl. 33326

Mailing Address
852 Crestview Cl.
Weston, Fl. 33327

[redacted]

DO NOT WRITE IN THIS SPACE 00068706

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For / Not Applicable
2300 N Commerce Pkway		852 Crestview Cl.			
Suite, Apt. #, etc. 307-B		Suite, Apt. #, etc.			
City & State Weston, Fl		City & State Weston, Fl.			
Zip 33326	Country USA	Zip 33327	Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Julio DeJesus
852 Crestview
Weston, Fl. 33327

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lyssette L. Cardona, MD 852 Crestview Cl. Weston, Fl. 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasure, Vice President 852 Crestview Cl. Weston, Fl. 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Julio DeJesus 6/12/00 954 3897232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #