

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
 08-03-2000 90003 004 ***150.00

DOCUMENT # P98000060421

1. Entity Name P
PROFESSIONAL HEALTH SYSTEMS, INC.

Principal Place of Business 5700 S.W. 8TH STREET MIAMI FL 33144	Mailing Address 5700 S.W. 8TH STREET MIAMI FL 33144
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2. Principal Place of Business 7850 DOUGLAS ROAD Suite, Apt. #, etc. 3RD FLOOR City & State CORAL GABLES, FL Zip 33134 Country	3. Mailing Address 7850 DOUGLAS ROAD Suite, Apt. #, etc. 3RD FLOOR City & State CORAL GABLES, FL Zip 33134 Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, RAUL E ESQ.
9200 S. DADELAND BLVD.
SUITE 311
MIAMI FL 33156

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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA PEDRAJA, OSVALDO D 5700 S.W. 8TH STREET MIAMI FL 33144	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 7850 DOUGLAS RD, 3RD FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIG. RAUL E. GARCIA DE LA PEDRAJA 7/28/00 (30) 269-1665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/00)

Attachment
P98000060421

2850 Douglas Road
3rd Floor
Coral Gables, Florida 33134
Tel. (305) 269-1665

100076173

Professional Health Systems

July 28, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Professional Health Systems, Inc.
Document No. P98000060421

Dear Sirs:

Enclosed is the 2000 Uniform Business Report for the entity described above, together with a check in the amount of \$150.00 for filing fees.

We hereby request an abatement of the \$400.00 penalty because we did not receive the reports until recently. Both our mailing address and principal place of business address changed effective January 3, 2000.

It is my understanding that the Division of Corporations was notified of the change. The Second Notice was sent to the correct address by the Division.

Please process the UBR as soon as possible. If there are any problems concerning the abatement, please contact me.

Thank you in advance for your cooperation.

Sincerely,



Osvaldo A. De La Pedraja,
President

