

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065166

1. Entity Name

INTEGRATED HEALTH CENTERS OF AMERICA, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90018 013 \*\*\*150.00

Principal Place of Business 5145 CURRY FORD RD. 1ST FLOOR ORLANDO FL 32812	Mailing Address 5145 CURRY FORD RD. 1ST FLOOR ORLANDO FL 32812-8702
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524329	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BURGOS, MIGUEL A 5145 CURRY FORD RD. 1ST FLOOR ORLANDO FL 32812	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BURGOS, MIGUEL A 5145 CURRY FORD ROAD, 1ST FLOOR Suite B ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Epifania Colon (T) 5145 Curry Ford Rd. Suite B Orlando, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: SIGNATURE REQUIRED 4/27/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #