

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90107 044 \*\*\*150.00

**DOCUMENT # P98000069521**

1. Entity Name  
**PREMIER HEALTHCARE NETWORK, INC.**



Principal Place of Business  
**10710 SW 14 CT.  
DAVIE FL 33324**

Mailing Address  
**10710 SW 14 CT.  
DAVIE FL 33324**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 551655**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Ft. Lauderdale, FL**

4. FEI Number  
**65-0856602**

Applied For  
Not Applicable

Zip

Country

Zip  
**33355**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JOSE  
4750 NW 191 ST.  
MIAMI FL 33055**

Name **Carlos Perez**  
Street Address (P.O. Box Number is Not Acceptable)  
**10710 SW 14 CT.**  
City **DAVIE** FL **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carlos Perez**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-7-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete  
NAME **PEREZ, JOSE**  
STREET ADDRESS **4750 NW 191 ST**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Jose Perez**  
STREET ADDRESS **4750 NW 191 Street**  
CITY-ST-ZIP **miami FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President - Secretary** ☐ Change ☒ Addition  
NAME **Carlos Perez**  
STREET ADDRESS **10710 SW 14 Ct.**  
CITY-ST-ZIP **DAVIE, FL. 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V. President** ☐ Change ☒ Addition  
NAME **Janet Perez**  
STREET ADDRESS **10710 SW 14 Ct.**  
CITY-ST-ZIP **DAVIE, FL. 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jose Perez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-03** **954-608-4140**  
Date Daytime Phone #

CR2E034 (10/02)