

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012335

1. Entity Name

LIFELONG HEALTH RESOURCES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90072 026 ***150.00

Principal Place of Business

Mailing Address

11790 SW 89 STREET
MIAMI FL 33186

11790 SW 89 STREET
MIAMI FL 33186-2165

2. Principal Place of Business

9700 So. Dixie Hwy

3. Mailing Address

9700 So. Dixie Hwy

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

#900

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

GREENBERG, JEFFREY M
11790 SW 89 STREET
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)
9700 So. Dixie Hwy, #900

City
Miami

FL Zip Code
33156

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 PD
NAME GREENBERG, JEFFREY M
STREET ADDRESS 11790 SW 89 STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE
NAME 9700 So. Dixie Hwy, #900 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Miami, FL 33156

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/00 305-6709090