

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90118 026 ***150.00

DOCUMENT # P99000012335

1. Entity Name

LIFELONG HEALTH RESOURCES, INC.
DIABETES CARE AND TREATMENT, INC.

Principal Place of Business

Mailing Address

9700 S DIXIE HWY., SUITE 900
MIAMI FL 33156

9700 S DIXIE HWY., SUITE 900
MIAMI FL 33156

2. Principal Place of Business

9825 SW 105 TERRACE

3. Mailing Address

9825 SW 105 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0894633

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
9700 S DIXIE HWY., SUITE 900
MIAMI FL 33156

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, 2001 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** ☒ Delete
NAME **GREENBERG, JEFFREY M**
STREET ADDRESS **9700 S DIXIE HWY., SUITE 900**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **NEAL LEBAR**
STREET ADDRESS **9825 SW 105 TERR., Miami, FL 33176**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **JEFFREY M. GREENBERG**
STREET ADDRESS **9700 S DIXIE HWY., SUITE 900**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **IGNACIO TAMAYO**
STREET ADDRESS **7344 SW 48 STREET**
CITY-ST-ZIP **MIAMI, FL 33155**

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

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 #

CR2E034 (10/00)