2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90051 050 ***158.75

DOCUMENT # P99000019156
Entity Name BOCA Health Holdings

957351

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
735 N.E. 3rd AVE Ft. Laud, FL 33304	<SAME>

2. Principal Place of Business	3. Mailing Address
916 NE 17th St	916 NE 17th St
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Ft. Laud FL	City & State FT LAUDERDALE
Zip / Country 33305 / USA	Zip / Country 33305 / USA

4. FEI Number 65-0897543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

William Tucker
735 NE 3d AVE
Ft. Laud, FL 33304

7. Name and Address of New Registered Agent

Name: Rebecca Camacho
Street Address (P.O. Box Number is Not Acceptable): 916 NE 17th St #1
City: Ft. Laud FL Zip Code: 33335

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: R Camacho 4-30-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PSTD 735 N.E. 3rd AVE Ft. Laud, FL 33304		PSTD 916 NE 17th St APT 1 Ft. Laud, FL 33305	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: R Camacho 4-30-2000 (954) 292-0587