

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000021872**

1. Entity Name

HEMISPHERE HEALTH CARE, INC.**FILED****May 18, 2000 8:00 am**
Secretary of State

05-18-2000 90385 005 ***150.00

Principal Place of Business

Mailing Address

123 S.E. 3RD AVE., #266
MIAMI FL 33131123 S.E. 3RD AVE., #266
MIAMI FL 33131-2003

2. Principal Place of Business

3. Mailing Address

555 NE 15 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33132

4. FEI Number

65-0905386

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

GOLDSTEIN, LORI
555 N.E. 15TH ST., STE. 100
MIAMI FL 33132

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
PSB	PEREZ, FRED MCCALL PHD	109 E. RIVO ALTO DR.	MIAMI BEACH FL 33139	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D					

VFB	NEVINS, RICK	16015 N. 66TH ST.	SCOTTSDALE AZ 85254	<input type="checkbox"/>
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D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>				<input type="checkbox"/>
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PD	Richard G. Russell	1277 N. Venetian Way	Miami Beach, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>				<input type="checkbox"/>
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V	Robert Woodward	1565 Shadowglen Court	West Lake Village CA 91361	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>				<input type="checkbox"/>
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S	Lori Goldstein	3849 NE 15 st #100	Miami, FL 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>				<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 (9/99)