

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90086 042 ***150.00

DOCUMENT # P99000030602

1. Entity Name

HEALTH SYSTEM ONE, INC.

Principal Place of Business

1200 SOUTH PINE ISLAND ROAD
SUITE 600
FT. LAUDERDALE FL 33324

Mailing Address

1200 SOUTH PINE ISLAND ROAD
SUITE 600
FT. LAUDERDALE FL 33324-4465

00076359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 South Pine Island Road

3. Mailing Address

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0915383

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

Country

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

RODRIGUEZ, ALBERTO A
1200 SOUTH PINE ISLAND ROAD
SUITE 600
FT. LAUDERDALE FL 33324

Name

Robert J. Leahy

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite 500

City

Ft. Lauderdale

FL

Zip Code

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.

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	D	<input checked="" type="checkbox"/> Delete
NAME	MOSQUERA, LIS G	
STREET ADDRESS	1200 SOUTH PINE ISLAND RD., SUITE 600	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mosquera, Luis G.	
STREET ADDRESS	1200 South Pine Island Road, Suite 500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	VP, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leahy, Robert J.	
STREET ADDRESS	1200 South Pine Island Road, Suite 500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	VP, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hogan, Kristin A.	
STREET ADDRESS	1200 South Pine Island Road, Suite 500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bilowich Martin E.	
STREET ADDRESS	1200 South Pine Island Road, Suite 500	
CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)