

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 15, 2001 08:00 AM  
Secretary of State**

**DOCUMENT # P99000043367**

1. Entity Name  
CRD HEALTHCARE, INC.

Principal Place of Business 6601 LYONS ROAD STE. I-10  COCONUT CREEK FL 33073	Mailing Address 6601 LYONS ROAD STE. I-10  COCONUT CREEK FL 33073
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2. Principal Place of Business 6601 LYONS ROAD STE. E-7  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State COCONUT CREEK FL	City & State	4. FEI Number <b>52-2176764</b>	Applied For <input type="checkbox"/>
Zip 33073	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ELEFANT FRED  
1650 PRUDENTIAL DR. STE. 105  
  
JACKSONVILLE FL 32207 US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ **08/15/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTON STEVEN <input type="checkbox"/> Delete 2486 COMFORT WEST BLOOMFIELD MI 48323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS ROBERT <input type="checkbox"/> Delete 12914 HYLAND CIRCLE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAEMER MARK <input type="checkbox"/> Delete 2651 FOREST CIRCLE JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP EDWARDS ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12914 HYLAND CIRCLE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P KRAEMER MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2651 FOREST CIRCLE JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT EDWARDS** VP **08/15/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)