

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90103 044 ***150.00

A0066226

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000047280
 Entity Name
 Family Health Medical Center of
 Belle Glade, INC. N/c 3-2-2000

Principal Place of Business Mailing Address
 15 A West Canal St North
 Belle Glade, FL 33430

2. Principal Place of Business 3. Mailing Address
 15 A West Canal St North
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Belle Glade FL City & State
 Zip 33430 Country Zip Country

4. FEI Number 65-0921374 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 Lazaro Cubas
 15 A West Canal St North
 Belle Glade, FL 33430

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 *Miriam Cubas* DATE 4-27-00
Signature typed or printed name of registered agent or individual if applicable (NOTE: Registered Agent signature required when re-appointing)

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

TITLE	PD Lazaro Cubas <input type="checkbox"/> Delete
NAME	15 A West Canal St North
STREET ADDRESS	Belle Glade, FL 33430
CITY-ST-ZIP	
TITLE	ND Miriam Cubas <input type="checkbox"/> Delete
NAME	15 A West Canal St North
STREET ADDRESS	Belle Glade, FL 33430
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Miriam Cubas* DATE: 4-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #