

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90127 028 ***150.00

DOCUMENT # P99000049206

1. Entity Name

DUNCANSON HEALTHCARE SERVICES, INC.

Principal Place of Business

**1265 SW 101ST TERRACE
BLDG NO 11 APT N 306
PEMBROKE PINES FL 33025**

Mailing Address

**3146 NW 68 ST
STE #1
FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0925014**

Applied For

Not Applicable

Zip

Country

Zip

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, CLIFTON H CPA
3146 NW 68 STREET
STE #1
FORT LAUDERDALE FL 33309**

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

CLIFTON H. RODRIGUEZ, CPA

02/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **DUNCANSON, HYACINTH**
STREET ADDRESS **1265 SW TERRACE BLDG #11-306**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **P/CEO/Chair** ☒ Change ☐ Addition
NAME **Duncan, Hyacinth Bldg No. 11**
STREET ADDRESS **1265 S.W. 101st Terrace, Apt. No 306**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE **EOD** ☐ Delete
NAME **RODRIGUEZ, CLIFTON H CPA**
STREET ADDRESS **3146 NW 68 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **Board Advisor/Ex-Officio** ☒ Change ☐ Addition
NAME **RODRIGUEZ, CLIFTON H, CPA**
STREET ADDRESS **3146 N.W. 68 Street, Ste. No. 1**
CITY-ST-ZIP **Fort Lauderdale, Florida 33309-1206**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Hyacinth Duncanson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/01 *(954) 436-1439*
Date Daytime Phone #

CR2E034 (10/00)