

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000056823**

1. Entity Name
AFFINITY HEALTH CARE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 12:36

Principal Place of Business Mailing Address
508 PALMETTO DRIVE 508 PALMETTO DRIVE
MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166

2. Principal Place of Business 3. Mailing Address
1695 SW 107TH AVE 1695 SW 107TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL MIAMI, FL
Zip Country Zip Country
33165 USA 33165 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0943726** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ADOLFO VALERO
508 PALMETTO DRIVE
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
600004571506--1
-09/06/01--01016--003
City **FL** Zip **06068**

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, 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 **D**
NAME **ADOLFO VALERO** ☒ Delete
STREET ADDRESS **508 PALMETTO DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **ADOLFO VALERO**
STREET ADDRESS **508 PALMETTO DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **VP** ☒ Change ☐ Addition
NAME **ROBERT L. KAGAN**
STREET ADDRESS **3055 HARBOR DRIVE #2101**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **SP**

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 **ADOLFO VALERO PRESIDENT** 8/27/01 (305)669-9000

CR2E034 (11/00)