

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057855

1. Entity Name

HEALTHSPECTRUM NATIONAL, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90074 041 \*\*\*158.75

Principal Place of Business

Mailing Address

~~P.O. BOX 546005~~  
SURFSIDE FL 33154-6005

~~P.O. BOX 546005~~  
SURFSIDE FL 33154-0005

2. Principal Place of Business

P.O. Box 141717

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 141717

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEL Number

65-0928631

Applied For

Not Applicable

Zip

33114-1717

Country

USA

Zip

33114-1717

Country

USA

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

MONTE, EMILIO J

9317 COLLINS AVE., #25

SURFSIDE FL 33154

Name

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

49 SIDONIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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 ☐ Delete  
NAME D  
STREET ADDRESS MONTE, EMILIO J  
CITY-ST-ZIP 9317 COLLINS AVE., #25  
SURFSIDE FL 33154

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 49 SIDONIA AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

Daytime Phone #

305-648-2004

305-864-8809