

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061037

Entity Name

Broward Managed Care Associates,
Inc**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90914 046 ***158.75

00052405

Principal Place of Business
676 W. Prospect Rd
Ft. Lauderdale, FL
US 33309
Mailing Address
676 W. Prospect Rd
Ft. Lauderdale, FL
US 33309Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0926490
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Penn, Joy
676 W. Prospect Rd
Ft. Lauderdale, FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

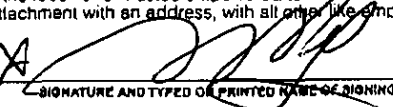
1. OFFICERS AND DIRECTORS

LE ME REET ADDRESS TY-ST-ZIP	President Chediak, Nidia 847 Coquina Way Boca Raton, FL 33432	☐ Delete
LE ME REET ADDRESS TY-ST-ZIP	Vice President Anrien, Victor 4141 NE 30 Terrace Bighthouse Point, FL 33064	☐ Delete
LE ME REET ADDRESS TY-ST-ZIP	Treasurer Perez-Mesa, Francisco 6106 Vista Linda Lane Boca Raton, FL 33433	☐ Delete
LE ME REET ADDRESS TY-ST-ZIP	Secretary Speiller, Paul 847 Coquina Way Boca Raton, FL 33432	☐ Delete
LE ME REET ADDRESS TY-ST-ZIP		☐ Delete
LE ME REET ADDRESS TY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

904-408-1771