

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061091

1. Entity Name

KH HEALTHCARE, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 038 ***150.00

Principal Place of Business 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486-3327
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2. Principal Place of Business 2717 W. Cypress Creek Road Suite, Apt. #, etc.	3. Mailing Address 2717 W. Cypress Creek Road Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-0939796	Applied For Not Applicable
Zip 33309	Country USA	Zip 33309	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent CANTOR, SAMUEL J 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Cantor, Samuel J. Street Address (P.O. Box Number is Not Acceptable) 6700 Broken Sound Parkway NW Suite 200 City Boca Raton FL Zip Code 33487
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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 DATE 1/25/00

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, DAVID L 1489 W. PALMETTO PARK ROAD, SUITE 485 BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip L Stickle 2717 W. Cypress Creek Road Fort Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven G Rose 2717 W Cypress Creek Rd Ft Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Rogers 2717 W Cypress Creek Rd Ft Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/4/00 DAYTIME PHONE # 954 969 0658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)