

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065489

1. Entity Name

HEALTHSPECTRUM OF CALIFORNIA, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90212 040 ***158.75

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

P.O. Box 141717

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 141717

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
45-0934831

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
8317 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)

4/20/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MONTE, EMILIO J 8317 COLLINS AVE., #25 SURFSIDE FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREITZER, SUSAN M 1687 TORRANCE ST, SAN DIEGO CA 92103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 49 SIDONIA AVENUE CORAL GABLES, FL 33134
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

305-648-2004
305-864-8887
Daytime Phone #

CR2E034 (9/99)