

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000067892**

1. Entity Name

FLORIDA FAMILY HEALTH CARE CORP.**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90007 042 ***150.00

Principal Place of Business

**100 SYCAMORE CT
PALM HARBOR FL 34683**

Mailing Address

**100 SYCAMORE CT
PALM HARBOR FL 34683-3022**

2. Principal Place of Business

**4485 GLENBROOK DRIVE
Suite, Apt. #, etc.**

3. Mailing Address

**4485 GLENBROOK DRIVE
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor, FLZip
34683Country
USACity & State
Palm Harbor, FLZip
34683Country
USA

4. FEI Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBERMANN, GALE
2600 MCCORMICK DR
PRESTIGE PLACE I, SUITE 230
CLEARWATER FL 33579**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZWEBEN, ARNOLD P	
STREET ADDRESS	4485 GLENBROOK DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JOHN M	
STREET ADDRESS	3623 S RENELLI DR	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, JAMES	
STREET ADDRESS	4448 GLENBROOK DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRELL, WILLIAM	
STREET ADDRESS	1509 W SWANN AVE, SUITE 100	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, CHRIS	
STREET ADDRESS	100 SYCAMORE CT	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILBERMAN, GALE	
STREET ADDRESS	2600 MCCORMICK DR, SUITE 230	
CITY-ST-ZIP	CLEARWATER FL 33759	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 #

CR2E034 (9/99)