

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000083958

FILED  
Feb 23, 2002 8:00 AM  
Secretary of State

Entity Name: LEJEUNE HEALTH CARE GROUP, INC.

## Current Principal Place of Business:

STE.303,3191 CORAL WAY  
MIAMI, FL 33145

## New Principal Place of Business:

1551 SAWGRASS CORPORATE PARKWAY  
SUITE 110  
SUNRISE, FL 33323

## Current Mailing Address:

STE.303,3191 CORAL WAY  
MIAMI, FL 33145

## New Mailing Address:

P.O. BOX 266211  
WESTON, FL 333266211

FEI Number: 65-0951316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, BRENT D  
801 BRICKELL AVE.,STE.1901  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARMAS, JOSE  
Address: 3191 CORAL WAY,STE.303  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: ALACRON, EDUARDO  
Address: 3191 CORAL WAY,STE.303  
City-St-Zip: MIAMI, FL 33145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ARMAS, JOSE  
Address: 1551 SAWGRASS CORPORATE PKWY #110  
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change ( ) Addition  
Name: ALARCON, EDUARDO  
Address: 1551 SAWGRASS CORPORATE PKWY #110  
City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Change (X) Addition  
Name: ZAFFOS, STEVEN  
Address: 1551 SAWGRASS CORPORATE PKWY #110  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ZAFFOS

T

02/23/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date