2000 UNIFORM BUSINESS REPORT

FILED
Jun 03, 2000 8:00 am
Secretary of State
06-03-2000 90144 026 ***150.00

DOCUMENT # P99000083986

1. Entity Name
FLORIDA PHYSICIANS HEALTHNET, INC.

Principal Place of Business	Mailing Address
100 E. LITTON BOULEVARD SUITE #501-A DELRAY BEACH, FL 33483	100 E. LITTON BOULEVARD SUITE # 501-A DELRAY BEACH, FL 33483

C0100532

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6540 N.W. 40TH COURT		6540 N.W. 40TH COURT	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State: BOCA RATON, FL		City & State: BOCA RATON, FL	
Zip: 33496	Country: U.S.A.	Zip: 33496	Country: U.S.A.

4. FEI Number 65-0953065 ☐ Applied For ☐ Not Applicable

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
BROOKS, ROBERT 100 E. LITTON BOULEVARD, #501-A DELRAY BEACH, FL 33483	Name: JEFFREY A. NADEL Street Address (P.O. Box Number is Not Acceptable): 6540 N.W. 40TH COURT City: BOCA RATON **FL** Zip Code: 33496

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.

JEFFREY A. NADEL, PRES.
[signature] PRES. 4/30/2000

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)

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	
D NADEL, JEFFREY 100 E. LITTON BOULEVARD, #501-A ST ZIP DELRAY BEACH, FL 33483	☐ Delete	TITLE DPST NAME NADEL, JEFFREY A. STREET ADDRESS 6540 N.W. 40TH COURT CITY-ST-ZIP BOCA RATON, FL 33483	☒ Change ☒ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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ST-ZIP	☐ Delete	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.

JEFFREY A. NADEL, PRES.
SIGNATURE: [signature] PRES. 4/30/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR