

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084311

1. Entity Name

ABC SELF-HELP CLINICS, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90059 017 ***158.75

Principal Place of Business

1545 SE 15TH ST
FT LAUDERDALE FL 33316

Mailing Address

1545 SE 15TH ST
FT LAUDERDALE FL 33316-2703

2. Principal Place of Business

3. Mailing Address

252

Suite, Apt. #, etc.

MARATHON

City & State

FL

Zip

33050

Country

MONROE

Suite, Apt. #, etc.

252

City & State

MARATHON FL

Zip

33050

Country

MONROE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0945778

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARFIELD, MICHAEL A
1545 SE 15TH ST
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

MICHAEL A. GARFIELD

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

5409 OVERSEAS HWY

252

City

MARATHON

FL

Zip Code

33050

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

Michael A. Garfield
Signature, typed or printed name of registered agent and title, if applicable

MICHAEL A. GARFIELD

DATE

2/14/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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 ☐ Delete

NAME MICHAEL A. GARFIELD
STREET ADDRESS 5409 OVERSEAS HWY, # 252
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Delete

NAME BABETTE G. MCALL
STREET ADDRESS 5409 OVERSEAS HWY, # 252
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. GARFIELD

Date

Daytime Phone #

305
239-8048

CR2E034 (9/99)