

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085684

1. Entity Name

EM HEALTHCARE, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90041 011 \*\*\*150.00

Principal Place of Business

1489 W. PALMETTO PARK ROAD, SUITE 485  
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD, SUITE 485  
BOCA RATON FL 33486-3327

2. Principal Place of Business

2717 W. Cypress Creek Road

3. Mailing Address

2717 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

4. FEI Number

65-0951629

Applied For

Not Applicable

Zip  
33309

Country  
USA

Zip  
33309

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J  
1489 W. PALMETTO PARK ROAD, SUITE 485  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Cantor, Samuel J.

Street Address (P.O. Box Number is Not Acceptable)  
6700 Broken Sound Parkway NW

Suite 200

City  
Boca Raton

FL

Zip Code  
33487

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

1/25/00

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 checked="" type="checkbox"/> Delete
NAME	CANTOR, SAMUEL J	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Stickles	
STREET ADDRESS	2717 W. Cypress Creek Road	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven G Rose	
STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Rogers	
STREET ADDRESS	2717 W Cypress Creek Rd	
CITY-ST-ZIP	Ft Lauderdale, FL 33309	
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		

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:

*Samuel J. Cantor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 954 969 0658  
Date Daytime Phone #

CR2E034 (9/99)