

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089946

1. Entity Name

GM HEALTHCARE, INC.

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

04-27-2000 90024 036 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2717 W. Cypress Creek Road  
Suite, Apt. #, etc.

3. Mailing Address

2717 W. Cypress Creek Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

4. FEI Number  
65-0955666

Applied For  
Not Applicable

Zip Country  
33309 USA

Zip Country  
33309 USA

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, DAVID L 1489 W. PALMETTO PARK RD., SUITE 485 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

2/1/00 954 969 0658  
Date Daytime Phone #

CR2E034 (9/99)