

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90073 010 ***150.00

DOCUMENT # S75964

1. Entity Name

HEALTH CARE MANAGEMENT CONSULTANTS OF BROWARD, I

80033791



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O ALAN FRANCIS RUF C/O ALAN FRANCIS RUF
 2455 EAST SUNRISE BLVD. PENTHOUSE EAST 2455 EAST SUNRISE BLVD. PENTHOUSE EAST
 LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304-3118
 US

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0290788		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAW OFFICES OF ALAN FRANCIS RUF 2455 E. SUNRISE BLVD., PH-E FT. LAUDERDALE FL 33304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUF, GEORGIA N.		NAME		
STREET ADDRESS	2455 EAST SUNRISE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED 2/2/00 (954) 561-2230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)