

2000 UNIFORM BUSINESS REPORT (UBR)

CE 1.00M

DOCUMENT # **V74124**

1. Entity Name

FAMILY HEALTH CENTER OF FORT PIERCE, INC.

FILED

00 MAY 23 AM 10:41

Principal Place of Business

919 E. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33334

Mailing Address

919 E. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33334-4116

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1981 S. Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address

PO Box ~~480248~~ 480248
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0384792

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

33348

Country

~~Florida~~

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAGER, BRUCE A.
919 E. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name: James Reyer
Street Address (P.O. Box Number is Not Acceptable):
5301 N. Federal Hwy., Ste 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

4/7/00

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	DPT	<input checked="" type="checkbox"/> Delete
NAME	NAGER, BRUCE A.	
STREET ADDRESS	919 E. CYPRESS CREEK RD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BECK, BARON D.	
STREET ADDRESS	1232 NW 122 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
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	DPTS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilberto Jomarron	
STREET ADDRESS	3015 N. Ocean Blvd. # 107	
CITY-ST-ZIP	Fort Lauderdale Fl. 33308	
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		
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: *Gilberto Jomarron* Date: 4/7/00 Daytime Phone #: 954.567.1851

CR2E034 (9/99)