2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90047 038 ****70.00

DOCUMENT # 717217

1. Entity Name

AMERICAN HOSPITAL OF MIAMI, INC.

Principal Place of Business	Mailing Address
5601 NORTH DIXIE HWY., STE 420 FT. LAUDERDALE FL 33334 US	5601 NORTH DIXIE HWY., STE 420 FT. LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5601 North Dixie Highway	5601 North Dixie Highway
Suite, Apt. #, etc.: Suite 420	Suite, Apt. #, etc.: Suite 420
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number 59-1407429 ☐ Applied For ☐ Not Applicable

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
JOHN MUDD ~~5601 NORTH DIXIE HWY., STE 420~~ ~~FT. LAUDERDALE FL 33334~~	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WIENER, A. B. ~~11880 BIRD ROAD, #405~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIAZ, MAYRA ~~11880 BIRD ROAD, #405~~ ~~MIAMI FL 33175~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD, S ☒ Change ☐ Addition DIAZA, MAYRA 5601 North Dixie Highway, Suite 420 Ft. Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUDD, JOHN ~~11880 BIRD ROAD, #405~~ ~~MIAMI FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIRANDA, ELDA 11880 BIRD ROAD, #405 MIAMI FL	☒ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LINCOLN, TIMOTHY ~~11880 BIRD ROAD, #405~~ ~~MIAMI FL 33175~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PORTAL, ANA 11880 BIRD ROAD, #405 MIAMI FL 33175	☒ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mayra Diaz 2/13/02 (954) 202-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #