

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90155 041 \*\*\*\*61.25

**DOCUMENT # N92000000973**

1. Entity Name  
**HIALEAH HOSPITAL PHO, INC.** ✓

Principal Place of Business      Mailing Address

**651 E 25TH STREET  
HIALEAH FL 33013**      **651 E 25TH STREET  
HIALEAH FL 33013**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0384664**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAUER, CLIFFORD  
651 EAST 25TH STREET  
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name      **Fernandez, Aurelio M.**

Street Address (P.O. Box Number is Not Acceptable)  
**651 East 25th Street**

City      **Hialeah**      FL      Zip Code      **33013**

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 *Aurelio Fernandez*      **AURELIO FERNANDEZ**      **7/11/00**

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAUER, CLIFFORD 651 EAST 25TH STREET HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC ECONOMIDES, CHRISTOPHER 651 E 25TH ST HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT WEST, ARTHUR B 651 E 25TH ST HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCDANIEL, ROBERT 651 E 25TH ST HIALEAH FL 33013</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Fernandez, Aurelio M. 651 East 25th Street Hialeah, FL 33013</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T Dalva, Joel 651 East 25th Street Hialeah, FL 33013</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C Mitjans, Aurelio 651 East 25th Street Hialeah, FL 33013</b> <input checked="" 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

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: *Aurelio Fernandez*      **AURELIO FERNANDEZ**      **7/11/00**      **305-835-4240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)