

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90003 005 ***150.00

DOCUMENT # P00000006109

1. Entity Name
SALTZ MEDICAL CENTERS, INC.

Principal Place of Business
12955 BISCAYNE BLVD., SUITE 202
N. MIAMI FL 33181

Mailing Address
12955 BISCAYNE BLVD., SUITE 202
N. MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0989648**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

XXXXXX XXXXXX
XXXXXX XXXXXX
XXXXXX XXXXXX
XXXXXX XXXXXX
XXXXXX XXXXXX

Name
Mark L. Pomeranz

Street Address (P.O. Box Number is Not Acceptable)
12955 Biscayne Boulevard, Suite 202

City
North Miami

FL

Zip Code
33181

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, 2002 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
D
 NAME
POMERANZ, ROY
 STREET ADDRESS
12955 BISCAYNE BLVD., SUITE 202
 CITY-ST-ZIP
N. MIAMI FL 33181

☐ Delete

TITLE
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☐ Change ☐ 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

as Dir

4/15/02 (305) 891-5858

Date

Daytime Phone #

CR2E034 (9/01)