

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91748 043 ***150.00

DOCUMENT # P0100008117a ✓
1. Entity Name
Lighthouse Point Medical Center, Inc.
4301 N. Federal Highway
Lighthouse Point, Florida, 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4301 North Federal Highway 541 S.State Road 7
Suite, Apt. #, etc. (6)
City & State
Pompano Beach Florida.
Zip 33064 Country Broward

3. Mailing Address
4301 North Federal Highway 541 S.State Road 7
Suite, Apt. #, etc. (1.)
City & State
Florida.
Zip 33068 Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1133824** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Jose A. Torres
Street Address (P.O. Box Number is Not Acceptable)
2233 N.W. 3rd Avenue
Boca Raton, Florida.
City **FL** Zip Code **33431**

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 Jose A. Torres (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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Jose A. Torres 2233 N.W. 3rd Avenue Boca Raton, Florida. 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Torres **President** 5-18-2002 954-917-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)