

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052693

1. Entity Name

ALL MED MEDICAL CENTER, INC.

Principal Place of Business

2100 W. 68 ST.  
HIALEAH FL 33016

Mailing Address

~~2078 S.W. 5TH ST.~~  
~~MIAMI FL 33195~~

2. Principal Place of Business

3. Mailing Address

2100 W 68st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

Zip

Country

Zip

Country

33016

USA

4. FEI Number 65-0847563

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

LARA, MARLON K  
2100 W 68TH STREET  
HIALEAH FL 33016

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	LARA, MARLON K	
STREET ADDRESS	2978 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*Marlon K. Lara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

(305) 362-3969

Daytime Phone #

FILED  
Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90068 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0166016

CR2E034 (10/00)