

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90038 043 \*\*\*\*61.25

0043664

**DOCUMENT # 752824**

1. Entity Name

**CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATI**

Principal Place of Business

9275 SW 152 STREET  
 MIAMI FL 33157  
 US

Mailing Address

13617 S DIXIE HWY  
 #122  
 MIAMI FL 33176  
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

9275 SW 152 St

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2136629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANN, ROBERT C  
 13617 S DIXIE HWY  
 #122  
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name *Dr. Sancetta*

Street Address (P.O. Box Number is Not Acceptable)

9275 SW 152 St #208

City MIAMI

FL

Zip Code 33157

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

*Ronald J. Sancetta*

2/7/01

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

TITLE NAME	SD BROWNE, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9275 SW 152 ST. #206	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	PD DANN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9275 SW 152 ST. #201	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD CURL, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9275 SW 152 ST. #106	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D DITKOWSKY, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9275 SW 152 STREET #212	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Dr. Ditkowski	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	9275 SW 152 St #212		
CITY-ST-ZIP	MIAMI, FL 33130		
TITLE NAME	Dr. Sancetta	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	9275 SW 152 St #208		
CITY-ST-ZIP	MIAMI, FL 33130		
TITLE NAME	Dr. Piniella	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	9275 SW 152 St #210		
CITY-ST-ZIP			
TITLE NAME	Dr. Fearny	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	9275 SW 152 St #101		
CITY-ST-ZIP	MIAMI, FL 33136		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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

*Ronald J. Sancetta*

2/7/01

305 591-3044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)