

2002 UNIFORM BUSINESS REPORT (UBR)

0001074 AV

DOCUMENT # A94000001475
 1. Entity Name
M.C.H. MEDICAL CENTER LTD.

FILED

02 JAN -9 PM 4:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RJH



Principal Place of Business Mailing Address
 777 BRICKELL AVENUE, SUITE 1010 MIAMI FL 33131
 777 BRICKELL AVENUE, SUITE 1010 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. City & State Zip Country
 SUITE 1390 MIAMI FL 33131
 SUITE 1390 MIAMI FL 33131

DUE BY MAY 1, 2002
 4. FEI Number 65-0539980 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FABRE, FRANK R. S.
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$324,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	J17255
NAME	M.C.H. PROPERTIES, INC.
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1010
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004776413--6
CITY-ST-ZIP	-01/16/02--01005--001 ****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *MARCO HENRIQUEZ* **1/1/02** **(305) 381-8790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)