

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002102**

1. Entity Name
CORAL VIEW SURGERY CENTER, LTD.

Principal Place of Business
**8390 WEST FLAGLER STREET, SUITE 216
MIAMI FL 33144**

Mailing Address
**8390 WEST FLAGLER STREET, SUITE 216
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number
65-0708055

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

**SUAREZ, VICTOR MD
8390 W FLAGLER ST #216
MIAMI FL 33144**

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.

DATE

9. Capital Contributions
as Shown on record. **\$160,367.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **698330**
NAME **CORAL VIEW AMBULATORY SURGERY, INC.**
STREET ADDRESS **5902 NW 110 CT**
CITY-ST-ZIP **MIAMI FL 33178**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800005033038--2
-03/04/02--01001--016
****543.75 ****543.75**

DOCUMENT #
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVED
AND
FILED

02 FEB 18 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0008994
AT

CR2E003 (9/01)

SUAREZ, VICTOR MD PRES. **1-31-02** **(305) 5518763**