

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90118 031 ***550.00

DOCUMENT # F73849

1. Entity Name
QUEENS MEDICAL CENTER AND CLINIC, INC.

Principal Place of Business

110 N FEDERAL HIGHWAY
302
HALLANDALE FL 33009
US

Mailing Address

7301 PEPPERTREE CIRCLE S.
DAVIE FL 33314
US

00150613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2170129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SONI, LAKHVINDER K
110 N FEDERAL HIGHWAY #302
HALLANDALE FL 33009

Name

GURBACHAN P. SONI

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

7301 PEPPERTREE CIRCLE SOUTH

City

DAVIE

FL

Zip Code

33314

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ **Delete**
NAME **SONI, LAKHVINDER K**
STREET ADDRESS **8551 N W 7 ST**
CITY-ST-ZIP **PEMBROKE PINES, FL 00000**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ **Delete**
NAME **SONI, LAKHINDER**
STREET ADDRESS **8551 NW 7 ST.**
CITY-ST-ZIP **PEMBROKE PINES FL**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **SONI, GURBA CHAN P**
STREET ADDRESS **7301 PEPPERTREE CIR SOUTH**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

☐ **Change** ☐ **Addition**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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☐ **Change** ☐ **Addition**
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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: G. GURBACHAN P. SONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02

954-458-5000

Date

Daytime Phone #

CR2E034 (4/02)