

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90118 042 \*\*\*550.00

**DOCUMENT # F74242**

1. Entity Name

**PEMBROKE PINES MEDICAL CENTER & CLINIC, INC.**

Principal Place of Business

**10028 PINES BLVD.  
 PEMBROOK PINES FL 33024  
 US**

Mailing Address

**7301 PEPPERTREE CIRCLE SOUTH  
 DAVIE FL 33314  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2211881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SONI, LAKHVINDER K.  
 8551 N.W. 7TH STREET  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name  
**GUR BACHAN 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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **9/15/02**

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 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SONI, LAKHVINDER, K. 8551 NW 7TH STREET PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONI, LOKHUINDS 8551 NW 7TH STREET PEMBROOKS PINES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. S. D. GUR BACHAN P. SONI 7301 PEPPERTREE CIR. SOUTH DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02

954-458-5000

Date

Daytime Phone #