

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90048 030 ***150.00

0155118

DOCUMENT # F78034

1. Entity Name

SUNSHINE MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**907 SOUTH AMERICA WAY
 MIAMI FL 33132**

**907 SOUTH AMERICA WAY
 MIAMI FL 33132**

00035770



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

59-1682869

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

**KURZWEIL, HOWARD E
 328 MINORCA AVE-2ND FLOOR
 CORAL GABLES FL 33134**

Name

SAME (NEW ADDRESS)

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

2151 LESUNE ROAD-MEZZANINE

City

CORAL GABLES

FL

Zip

33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **GENOVESE, PETER R, MD**
 CITY-ST-ZIP **6341 SUNSET DRIVE**
S MIAMI, FL 00000

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **ROBERTS, ALAN K., MD**
 CITY-ST-ZIP **6341 SUNSET DRIVE**
S MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 954 767 9999

CR2E034 (10/00)