

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G29116**

1. Entity Name

TRI-CITY MEDICAL CENTER, INC.

R

Principal Place of Business

**566 SE 15TH AVENUE
BOYNTON BEACH FL 33435
US**

Mailing Address

**566 SE 15TH AVENUE
BOYNTON BEACH FL 33435
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

59-2316314

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

**BUCHWALD, ERIC
211 S FEDERAL HWY
BOYNTON BEACH FL 33435**

Name

Eric Buchwald

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

566 SE 15th Ave

City

Boynton Beach,

FL

Zip Code

33435

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

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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **BUCHWALD, ERIC**
STREET ADDRESS **566 SE 15TH AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Eric Buchwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00
Date

561-369-4285
Daytime Phone #

CR 1146 (11)

629116

HOXO7422

TRI-CITY MEDICAL CENTER, INC.
566 SE 15TH AVENUE
BOYNTON BEACH, FL 33435
(561) 369-4255

July 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, Florida 32302-1500

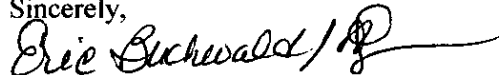
RE: 59-2316314

Dear Sirs:

Please be advised that TRI-CITY MEDICAL CENTER, INC. never received the first notice. We just received the second notice July 5, 2000.

We are enclosing payment for \$ 150.00 dollars. If you have any questions or need further information do not hesitate to contact my office.

Sincerely,



Eric Buchwald

cc: file