

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90124 039 \*\*\*150.00

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**DOCUMENT # H60502**

1. Entity Name  
**HALLMARK MEDICAL CENTER, INC.**



Principal Place of Business  
**2500 EAST HALLANDALE BEACH BLVD.**  
**#P-Q**  
**HALLANDALE FL 33009**  
**US**

Mailing Address  
**2500 EAST HALLANDALE BEACH BLVD**  
**#P-Q**  
**HALLANDALE FL 33009**  
**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 **59-1696104**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, STANLEY H.**  
**1134 HARRISON STREET**  
**SUITE 600**  
**HOLLYWOOD FL 33019**

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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BERNSTEIN, STANLEY, MD**  
STREET ADDRESS **1134 HARRISON STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE **STD** ☐ Delete  
NAME **ROTH, LEON, MD**  
STREET ADDRESS **436 ALAMANDA DRIVE**  
CITY-ST-ZIP **GOLDEN ISLES HA**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

STANLEY H. BERNSTEIN, M.D.

LEON ROTH, M.D.

*Attachment  
90145012  
H60502*  
**Hallmark Medical Center, Inc.**

*"An Affiliated Provider of Humana Healthcare Plans"*

To: Florida Department of State

July 17, 2003

This is to inform you that we never received The Form for  
"Uniform Business Report" for year 2003, so that we could  
not file on time.

We enclosed a check for \$150.00 which should hopefully  
close the matter for this year.

Sincerely,



Stanley H. Bernstein, M.D. President

**(1) This is the first notice I received, can the late fee be waived?**

Yes, if the corporation did not receive the prior notice, the late fee can be waived. An officer or director would need to attach a letter to the completed report stating the corporation did not receive the prior notice. The corporation would need to submit the original \$150.00 filing fee. The request must be mailed in, we regret we are unable to file UBR's without penalty on-line.