

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H62324

1. Entity Name

FLORIDA SUNRISE MEDICAL CENTER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90371 046 ***150.00

Principal Place of Business

220 MIRACLE MILE
 SUITE 405
 CORAL GABLES FL 33134-5909
 US

Mailing Address

2121 PONCE DE LEON BLVD
 405
 CORAL GABLES FL 33134-5221
 US

2. Principal Place of Business

8335 Coral Way

3. Mailing Address

8335 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2549513

Applied For

Not Applicable

Zip

Country

33135

Zip

Country

33135

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

PAN, CHUNGAN
 2121 PONCE DE LEON BLVD.
 SUITE 405
 CORAL GABLES FL 33134

Name

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

8335 Coral Way

City

Miami

FL

Zip Code

33135

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 \$150.00
After MAY 1, 2000 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 PSD
 NAME PAN, CHUNG AN
 STREET ADDRESS 2121 PONCE DE LEON BLVD 405
 CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS 8335 Coral Way
 CITY-ST-ZIP Miami FL 33135

☒ Change ☐ Addition

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 STREET ADDRESS 2121 PONCE DE LEON BLVD
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☐ Change ☐ Addition

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 #

CR2E034 (9/99)