

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H63289

FILED
Apr 24, 2003
Secretary of State

Entity Name: CUTLER RIDGE MEDICAL CENTER, INC.

Current Principal Place of Business:

10700 CARRIBBEAN BLVD. #315
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

10700 CARRIBBEAN BLVD. #315
MIAMI, FL 33189

New Mailing Address:

FEI Number: 59-2618255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WAYNE
10700 CARIBBEAN BLVD. #315
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

WILLIAMS, WAYNE M DR.
10700 CARIBBEAN BLVD.
315
MIAMI, FL 33189 US

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: WAYNE WILLIAMS

04/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, WAYNE, MD,
Address: 10700 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, WAYNE, MD,
Address: 10700 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE WILLIAMS

P

04/24/2003

Electronic Signature of Signing Officer or Director

Date