

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J13602**

1. Entity Name

**NORTHSIDE COMMUNITY MEDICAL CENTER, INC.****FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90197 001 \*\*\*450.00

Principal Place of Business

**7900 NW 27 AVENUE  
SUITE 298  
MIAMI FL 33142**

Mailing Address

**7900 NW 27 AVENUE  
SUITE 298  
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2686099**

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

**WITT, WILLIAM M.D.  
1800 N. FEDERAL HWY  
SUITE 104  
POMPANO BEACH FL 33062**

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.

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WITT, WILLIAM 1800 N FEDERAL HWY #104 POMPANO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GURR, MARY ELLEN 12765 S.W. 34 PLACE DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SCHULTE, ROBERTA 15935 PRESTWICK MIAMI LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IRIBAR, A MANUEL 1800 N FEDERAL HWY #104 POMPANO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPAET, HAL 555 NE 15 STREET #18J COCONUT, GROVE, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARY ELLEN GURR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)