

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91513 001 ***450.00

DOCUMENT # J13602

1. Entity Name
NORTHSIDE COMMUNITY MEDICAL CENTER, INC.

Principal Place of Business
**7900 NW 27 AVENUE
SUITE 298
MIAMI FL 33142**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2686099		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	WITT, WILLIAM	1800 N FEDERAL HWY #104 POMPANO BEACH FL				
	STD	GURR, MARY ELLEN	12765 S.W. 34 PLACE DAVIE FL				
	VD	SCHULTE, ROBERTA	15935 PRESTWICK MIAMI LAKES FL				
	D	IRIBAR, A MANUEL	1800 N FEDERAL HWY #104 POMPANO BEACH FL				
	D	SPAET, HAL	555 NE 15 STREET #18J COCONUT, GROVE, FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **3/15/02** **954782 0010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)