2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J13602 DOCUMENT #

1. Entity Name

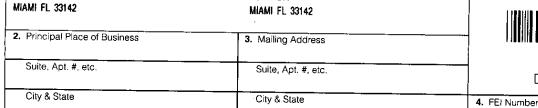


Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90727 001 ***450.00

FILED

NORTHSIDE COMMUNITY MEDICAL CENTER, INC.

Principal Place of Business Mailing Address 7900 NW 27 AVENUE 7900 NW 27 AVENUE SHITE 298 SUITE 298





☐ CHECK HERE IF MAKING CHANGES

59-2686099 Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

\$8.75 Additional

Applied For

Not Applicable

WITT, WILLIAM M.D. 1800 N. FEDERAL HWY

SUITE 104 POMPANO BEACH FL 33062

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

City 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 FILE NOW!!! FEE IS \$150,00

After May 1, 2003 Fee will be \$550.00

555 NE 15 STREET #18J

COCONUT, GROVE, FL

(NOTE: Registered Agent signature required when reinstating)

Name

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition WITT, WILLIAM NAME NAME 1800 N FEDERAL HWY #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition GURR, MARY ELLEN NAME NAME STREET ADDRESS 12765 S.W. 34 PLACE STREET ADDRESS CITY-ST-ZIP DAVIE FL. CITY-ST-ZIP_ TITLE ۷D ☐ Delete TITLE Change ☐ Addition SCHULTE, ROBERTA NAME STREET ADDRESS 15935 PRESTWICK STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME iribar, a manuel NAME STREET ADDRESS 1800 N FEDERAL HWY #104 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP n TITLE ☐ Delete TITLE Change ☐ Addition SPAET, HAL NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

TITLE

NAME

MONINTELLINED CONFED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

VI31 103

9547820010

☐ Change

☐ Addition