

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90024 009 ***150.00

DOCUMENT # J49036

1. Entity Name
MIAMI SHORES MEDICAL CENTER, INC.

Principal Place of Business 9526 N.E. SECOND AVENUE. SUITE 101 MIAMI FL 33138	Mailing Address 9526 N.E. SECOND AVENUE. SUITE 101 MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2773564		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
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			
SILBERT, ALAN M., M.D. 9526 N.E. 2ND AVENUE MIAMI FL 33138				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, RICHARD L., MD			NAME			
STREET ADDRESS	1190 NW 95TH ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILBERT, ALAN M., MD			NAME			
STREET ADDRESS	2850 FAIRWAY DR			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, HECTOR S., MD			NAME			
STREET ADDRESS	9536 NE 2ND AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, JOHN A., MD			NAME			
STREET ADDRESS	1190 NW 95TH ST #406			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, ALLAN M., MD			NAME			
STREET ADDRESS	4740 N. 31ST CT			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 OF RICHARD L. TAYLOR (MD) Date: 1/21/02 Daytime Phone #: 305-755-6271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)