

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90456 013 ***150.00

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DOCUMENT # L10214

1. Entity Name

POMPANO BEACH COMMUNITY MEDICAL CENTER CORPORATION, INC.



Principal Place of Business
**1800 NORTH FEDERAL HIGHWAY
SUITE 104
POMPANO BEACH FL 33062**

Mailing Address
**1800 NORTH FEDERAL HIGHWAY
SUITE 104
POMPANO BEACH FL 33062**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0154907**

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
1800 N FEDERAL HWY.
STE. 104
POMPANO BCH. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WITT, WILLIAM M**
STREET ADDRESS **1800 N. FEDERALHIGHWAY, 104**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SCHULTE, ROBERTA**
STREET ADDRESS **15935 PRESTWICK**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GURR, MARY ELLEN**
STREET ADDRESS **12765 S.W. 34 PLACE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPAET, HAL**
STREET ADDRESS **555 NE 15 ST APT 34H**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **IRIBAR, MANUEL**
STREET ADDRESS **1800 N FEDERAL HWY #104**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORTINA, HUMBERTO**
STREET ADDRESS **4064 BONITA AVENUE**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

Date

9547820010

Daytime Phone #

CR2E034 (10/02)