

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90053 021 \*\*\*150.00

0054096 AV

**DOCUMENT # L84930**

1. Entity Name  
**CORAL PARK MEDICAL CENTER, P.A.**

Principal Place of Business Mailing Address  
**900 SW 97TH AVENUE 900 SW 97TH AVENUE**  
**MIAMI FL 33174 MIAMI FL 33174**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0209460** 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

**DIAZ, MARITZA**  
**900 SW 97TH AVENUE**  
**MIAMI FL 33174**

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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>D</b> <b>DIAZ, MARITZA, M.D.</b> <b>900 S.W. 97TH AVE.</b> <b>MIAMI 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"/> Delete
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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

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



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment

A0083629

Doc. # L84930

**CORAL PARK MEDICAL CENTER, P.A.**  
900 SW 97 AVE.  
MIAMI, FL 33174  
(305) 220-1900

August 25, 2001

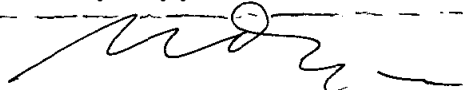
Division of Corporations  
Uniform Business Report Filings  
P>O> Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

I am in receipt of your 2001 UBR. Please be advised that I never received the original report. It may have been mixed with other state forms and perhaps junk mail.

I, respectfully, request your acceptance of my check for \$150.00. Please note that I tried looking for the original but to no avail.

Very truly yours,



Dr. Maritza Diaz