


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

0006345 AT

05-05-2003 90393 008 ***150.00

DOCUMENT # L84930
1. Entity Name
CORAL PARK MEDICAL CENTER, P.A.



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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____
Zip: _____ Country: _____ Zip: _____ Country: _____

CHECK HERE IF MAKING CHANGES



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
DIAZ, MARITZA
900 SW 97TH AVENUE
MIAMI FL 33174

7. Name and Address of New Registered Agent
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: _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, MARITZA, M.D. 900 S.W. 97TH AVE. MIAMI FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

CFR2E034 (10/02)