

# 2000 UNIFORM BUSINESS REPORT (UBR) X

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90053 047 \*\*\*150.00

**DOCUMENT # M60654 X**

1. Entity Name

**FLAMINGO PARK MEDICAL CENTER CORPORATION**

Principal Place of Business

Mailing Address

4410 W 16 AVE #26  
 HIALEAH FL 33012

4410 W 16 AVE #26  
 HIALEAH FL 33012-7146

80014054

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

65-0008828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, RAFAEL  
 4410 W 16 AVE #26  
 HIALEAH FL 33012

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00 X**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State X**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME GUTIERREZ, RAFAEL  
 STREET ADDRESS 4410 W 16 AVE #26  
 CITY-ST-ZIP HIALEAH FL

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

TITLE VP ☐ Delete  
 NAME JORGE, MARIA  
 STREET ADDRESS 4410 W 16 AVENUE #26  
 CITY-ST-ZIP HIALEAH FL

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐  
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TITLE ☐ Change ☐  
 NAME  
 STREET ADDRESS  
 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, 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 #

RAFAEL GUTIERREZ  
 PRESIDENT  
 2/8/00 (305) 362-3355