

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76510

1. Entity Name

MEDICAL CENTERS OF AMERICA, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 022 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 171126
HIALEAH FL 33017-1126

270 SOUTH HIBISCUS DR
MIAMI BEACH FL 33139-5132
US

2. Principal Place of Business

3. Mailing Address

1688 MERIDIAN AVE

1688 MERIDIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

502

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

Country

33139

Zip

Country

33139

4. FEI Number

65-2043069

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

TARACIDO, MANUEL
270 SOUTH HIBISCUS DR
#108
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

1688 MERIDIAN AVE

City

Miami Beach

FL

Zip Code

33139

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

After MAY 1, 2000 Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL, TARACIDO	NAME	
STREET ADDRESS	270 SOUTH HIBISCUS DR	STREET ADDRESS	1688 MERIDIAN AVE #502
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	MIAMI BEACH, FL 33139
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	
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	
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	
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	
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)(f), 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:

Manuel Taracido MANUEL TARACIDO

Date

4/15/00 (305) 672-8088

Daytime Phone #