

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000005096

1. Entity Name
 NORTH MIAMI BEACH MEDICAL CENTER, INC.

| | |
|---|---|
| Principal Place of Business 16552 S.W. 39TH STREET MIRAMAR FL 33027 | Mailing Address 16552 S.W. 39TH STREET MIRAMAR FL 33027 |
|---|---|

| | |
|--------------------------------|---------------------|
| 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
65-1032266

| |
|----------------|
| 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

RAMSARAN EILEEN
 16552 S.W. 39TH STREET

 MIRAMAR FL 33027

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.

SIGNATURE _____ DATE **05/01/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GREUNER MONICA M.D. |
| STREET ADDRESS | 1101 TORI LANE |
| CITY-ST-ZIP | EDINBURG TX 78539 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PRIOR JOHN AD.P.M. |
| STREET ADDRESS | 1141 S.W. 158TH AVENUE |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | RAMSARAN EILEEN M.D. |
| STREET ADDRESS | 16552 S.W. 39TH STREET |
| CITY-ST-ZIP | MIRAMAR FL 33027 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, 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: Eileen M. Ramsaran, M.D., P.A. **D** **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)