

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005096

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: NORTH MIAMI BEACH MEDICAL CENTER, INC.

Current Principal Place of Business:

16552 S.W. 39TH STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

16552 S.W. 39TH STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1032266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSARAN, EILEEN
16552 S.W. 39TH STREET
MIRAMAR, FL 33027

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMSARAN, EILEEN M.D.
Address: 16552 S.W. 39TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: PRIOR, JOHN A D.P.M.
Address: 1141 S.W. 158TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: GREUNER, MONICA M.D.
Address: 1101 TORI LANE
City-St-Zip: EDINBURG, TX 78539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN RAMSARAN M.D.

D

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date