2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005096



FILED Apr 23, 2003 8:00 am Secretary of State

NORTH MIAMI BEACH MEDICAL CENTER, INC.					04-23-2003 9025	55 044 ****6	1.25	
Principal Plac 16552 S.W. 39 MIRAMAR FL 3		Mailing Address 16552 S.W. 39TH STREET MIRAMAR FL 33027	,	4 (82)(61.2)(8		111 0010 1 0 1669 03 11 0 40	111 2 - E 1113 (88 1)	
2. Principal P	Place of Business	3. Mailing Address	80158					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		₩/	CHECK HERE IF MAKING CHANGES			
City & State		City & State MIAMI FL		4. FEI Number 6	4. FEI Number 65-1032266		oplied For ot Applicable	
Zip	Country	33168	L SA	S. Certificate of S	atus Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	red Agent		
16552 S.1	AN, EILEEN W. 39TH STREET	y to the same	Name Street A	Address (P.O. Box Number is I	Not Acceptable)			
MIKAMAN	R FL 33027		City			FL Zip Cod	le	
	named entity submits this statement for tions of registered agent.	or the purpose of changing i	its registered office o	r registered agent, or both, in	the State of Florida. I	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TF: Registered Agent signs	ture required when reinstating)	n/	ATE.		
			Tre. Hogistoloo Agont bight	nara rodanda monvombianig)	2,			
	FILE NOW: FEE IS \$61.25	9. Election C	ampaign Financing	\$5.00 May Be Added to Fees	Make Ch	neck Payable partment of S		
۸		9. Election C Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Cr Florida De	partment of S	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI RAMSARAN, EILEEN M.D. 16552 S.W. 39TH STREET	9. Election C Trust Fund	ampaign Financing	S5.00 May Be Added to Fees ADDITIONS/CHANGE PD EILEEN RAMSE 16552 SW 3976	Make Ch Florida De ES TO OFFICERS AND M. STREET	D DIRECTORS IN	State 1 10 Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI	9. Election C Trust Fund	ampaign Financing I Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	S5.00 May Be Added to Fees ADDITIONS/CHANG PD EILEEN RAMSA 16552 SW 3974 MIRAMAR F STD PRIOR, JOHN G831 NW 1 GAINESVILLE	Make Ch Florida De ES TO OFFICERS AND PRAN M. STREET L 33027 A. DPM LTh PLACE,	D Change Change Suite # 3 2605	State 1 10 Addition 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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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 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:

04/20103

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