

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000973

1. Entity Name

HIALEAH HOSPITAL PHO, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90155 041 ****61.25

Principal Place of Business

651 E 25TH STREET
HIALEAH FL 33013

Mailing Address

651 E 25TH STREET
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0384664

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAUER, CLIFFORD
651 EAST 25TH STREET
HIALEAH FL 33013

Name
Fernandez, Aurelio M.

Street Address (P.O. Box Number is Not Acceptable)
651 East 25th Street

City
Hialeah FL Zip Code
33013

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

Aurelio Fernandez

AURELIO FERNANDEZ

7/11/00

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME BAUER, CLIFFORD
STREET ADDRESS 651 EAST 25TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE P ☒ Change ☐ Addition
NAME Fernandez, Aurelio M.
STREET ADDRESS 651 East 25th Street
CITY-ST-ZIP Hialeah, FL 33013

TITLE DC ☒ Delete
NAME ECONOMIDES, CHRISTOPHER
STREET ADDRESS 651 E 25TH ST
CITY-ST-ZIP HIALEAH FL

TITLE D/T ☒ Change ☐ Addition
NAME Dalva, Joel
STREET ADDRESS 651 East 25th Street
CITY-ST-ZIP Hialeah, FL 33013

TITLE DT ☒ Delete
NAME WEST, ARTHUR B
STREET ADDRESS 651 E 25TH ST
CITY-ST-ZIP HIALEAH FL

TITLE D/C ☒ Change ☐ Addition
NAME Mitjans, Aurelio
STREET ADDRESS 651 East 25th Street
CITY-ST-ZIP Hialeah, FL 33013

TITLE P ☒ Delete
NAME MCDANIEL, ROBERT
STREET ADDRESS 651 E 25TH ST
CITY-ST-ZIP HIALEAH FL 33013

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Aurelio Fernandez

7/11/00

305-835-4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)