

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90121 025 \*\*\*\*61.25

**DOCUMENT # N92000000973**

1. Entity Name

**HIALEAH HOSPITAL PHO, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0384664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BAUER, CLIFFORD  
651 EAST 25TH STREET  
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name **Aurelio M. Fernandez**

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

City **Hialeah**

**FL**

Zip Code  
**33015**

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.

**AURELIO M. FERNANDEZ**

(NOTE: Registered Agent signature required when reinstating)

**5/1/01**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BAUER, CLIFFORD 651 EAST 25TH STREET HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC ECONOMIDES, CHRISTOPHER 651 E 25TH ST HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT WEST, ARTHUR B 651 E 25TH ST HIALEAH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCDANIEL, ROBERT 651 E 25TH ST HIALEAH FL 33013</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Aurelio M. Fernandez 651 East 25th Street Hialeah FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/D Aurelio Mitjans, M.D. 651 East 25th Street Hialeah, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director /Treasurer Aurelio Gonzalez 651 East 25th Street Hialeah, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Aurelio M. Fernandez 651 E. 25 street Hialeah, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/01**  
Date

**305-835-4440**  
Daytime Phone #

CR2E037 (10/00)