

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0429474 AV

DOCUMENT # P00000024157

1. Entity Name

NADAL MEDICAL CENTER INC.

02-13-2002 90213 028 ***150.00

Principal Place of Business

**4019 W WATERS AVE SUITE D
TAMPA FL 33614**

Mailing Address

**4019 W WATERS AVE SUITE D
TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4019 W Waters Ave

3. Mailing Address

4019 W Waters Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D.

D.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3632571

Applied For

Not Applicable

Zip

33614

Country

Zip

33614

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, DAVID I

7311 W. HANNA AVE., APT. 264

TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P/T**
STREET ADDRESS **LOPEZ, DAVID I**
CITY-ST-ZIP **4019 W WATERS AVE SUITE D
TAMPA FL 33614**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 (813) 890-9064
Date Daytime Phone #

CR2E034 (9/01)