

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90064 003 ***150.00

DOCUMENT # P00000077976

1. Entity Name

LARKIN PROFESSIONAL MEDICAL CENTER, INC.

Principal Place of Business

**7029 SW 61ST AVE
 SOUTH MIAMI FL 33143**

Mailing Address

**6140 S.W. 70TH STREET
 3RD FLOOR
 MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

7029 SW 61 AVE

Suite, Apt. #, etc.

SOUTH MIAMI FL

City & State

SOUTH MIAMI FL

Zip

33143

Country

DATE

4. FEI Number

65-1034324

Applied For

Not Applicable

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

PERTIERRA, RAFAEL

7029 SW 61 AVE

MIAMI FL 33143

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
 NAME **PERTIERRA, RAFAEL**
 STREET ADDRESS **7029 SW 61 AVE**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **P/S** ☐ Change ☒ Addition
 NAME **Cristina Portienna**
 STREET ADDRESS **7029 SW 61 AVE**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

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 all other like empowered.

SIGNATURE:

Cristina Portienna
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 (305) 665-7474
 Date Daytime Phone #

CR2E034 (9/01)