

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90378 040 ***150.00

DOCUMENT # P00000079878

1. Entity Name

H & L MEDICAL CENTER INC



DO NOT WRITE IN THIS SPACE

11038611

2. Principal Place of Business

2750 W 68 St

3. Mailing Address

2750 W 68 St

Suite, Apt. #, etc.

Ste. 224

Suite, Apt. #, etc.

Ste. 224

DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

City & State

Hialeah, FL

4. FEI Number

65-1034486

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DEL PINO LUIS

Street Address (P.O. Box Number is Not Acceptable)

2750 W. 68 St

Ste. 224

City

Hialeah

FL

Zip Code

33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEL PINO, LUIS
STREET ADDRESS 2750 W 68 St Ste. 224
CITY-ST-ZIP Hialeah FL 33016

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Del Pino

4/30/03

Date

Daytime Phone #

305 558 8681

CR2E034B (12/02)