

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085166

1. Entity Name

SINAI MEDICAL CENTER, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90055 012 ***150.00

Principal Place of Business

1800 N.E. 26TH STREET
FT. LAUDERDALE FL 33305

Mailing Address

1800 N.E. 26TH STREET
FT. LAUDERDALE FL 33305

00049940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 CENTURY BLVD.
Suite, Apt. #, etc.
MEDICAL BILD.

3. Mailing Address

110 CENTURY BLVD.
Suite, Apt. #, etc.
MEDICAL BILD.

City & State

W. PALM BEACH

City & State

W. PALM BEACH

4. FEI Number

65-1038343

Applied For

Not Applicable

Zip

33417

Country

USA

Zip

33417

Country

USA

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

HELLMAN, MAYNARD J
150 SOUTH PINE ISLAND ROAD
SUITE 500
PLANTATION FL 33324

Name

BRADFORD ESTRA

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

5424 Grand Park Pl

City

BOCA RATON

FL

Zip Code

33486

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS ESTRA, BRADFORD
CITY-ST-ZIP 1800 N.E. 26TH STREET
FT. LAUDERDALE FL 33305

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-01-01

561-697-3131

CR2E034 (10/00)