

DOCUMENT # P00000095789

1. Entity Name  
SEACREST MEDICAL TOWER, INC.

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

Mailing Address



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
65-0239187Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SOLIS, FRANCISCO A  
 2298 N.W. 2ND AVENUE  
 SUITE 21  
 BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

02/20/06--01022 \*\*01

11000011428356

02720/06-R0027-024 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLIS, FRANCISCO A
STREET ADDRESS	2298 N.W. 2ND AVENUE SUITE 21
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*check 1384  
2/6/06*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francisco A. Solis - D - FRANCISCO A. SOLIS

2/6/06

561  
750-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #