

# 2001 UNIFORM BUSINESS REPORT.(UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90004 005 \*\*\*150.00

DOCUMENT # P00000104736

1. Entity Name

ECA MEDICAL CENTER CORPORATION

Principal Place of Business

6885 WEST 7TH AVENUE  
APT 910  
HIALEAH FL 33014

Mailing Address

6885 WEST 7TH AVENUE  
APT 910  
HIALEAH FL 33014

2. Principal Place of Business

27 TOTOLACHE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

27 TOTOLACHE DRIVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33010

City & State

HIALEAH, FL

Zip

Country

Zip

Country

33014

4. FEI Number

65-1053998

☒ 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

VAZQUEZ, HECTOR  
1790 WEST 49TH STREET  
SUITE 217  
HIALEAH FL 33012

Name

IRAI DA ALVAREZ

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

27 TOTOLACHE DRIVE

City  
HIALEAH

FL

Zip Code  
33014

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]*

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 PD ☒ Delete  
NAME ALONSO, CARLOS  
STREET ADDRESS 6885 WEST 7TH AVENUE  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/S/T/D ☐ Change ☒ Addition  
NAME IRAIDA ALVAREZ  
STREET ADDRESS 27 TOTOLACHE DRIVE  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

Daytime Phone #

CR2E034 (10/00)