

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116371

1. Entity Name  
CENIT MEDICAL CENTER INC.

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90491 041 \*\*\*150.00

~~Principal Place of Business~~ Mailing Address  
2389 WEST 73RD PLACE 2389 WEST 73RD PLACE  
HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business 3. Mailing Address  
8900 CORAL WAY 8900 CORAL WAY  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
207 207

City & State City & State  
MIAMI, FL MIAMI, FL  
Zip Zip  
33165 USA 33165 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066284  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CASTANEDA, ANGEL L  
2389 WEST 73RD PLACE  
HIALEAH FL 33016

## 7. Name and Address of New Registered Agent

Name CASTANEDA, ANGEL L  
Street Address (P.O. Box Number is Not Acceptable)  
8900 CORAL WAY # 207  
City MIAMI FL Zip Code 33165

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]* DATE 03-12-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☒ Delete  
NAME CASTANEDA, ANGEL L  
STREET ADDRESS 2389 WEST 73RD PLACE  
CITY-ST-ZIP HIALEAH FL 33016

TITLE PD ☐ Delete  
NAME CASTANEDA, ANGEL L  
STREET ADDRESS 8900 CORAL WAY # 207  
CITY-ST-ZIP MIAMI, FL, 33165

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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]* (ANGEL L. CASTANEDA)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 03-12-01 DAYTIME PHONE 305-226-9900

CR2E034 (10/00)