

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90011 033 \*\*\*550.00

**DOCUMENT # P01000008268**

1. Entity Name

COMMUNITY HEALTHCARE CENTER, INC.

Principal Place of Business

2750 WEST 68TH STREET  
 SUITE 224  
 HIALEAH FL 33016

Mailing Address

2750 WEST 68TH STREET  
 SUITE 224  
 HIALEAH FL 33016

2. Principal Place of Business

9855 S.W. 184<sup>th</sup> Street

3. Mailing Address

9855 SW 184<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - Florida

City & State

Miami - Florida

Zip

33157

Country

Zip

33157

Country

4. FEI Number

65-1070487

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORIANO, JULIO C  
 2750 WEST 68TH STREET  
 STE. 224  
 HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PVST	<input type="checkbox"/> Delete
NAME	TORIANO, JULIO CESAR	
STREET ADDRESS	2750 WEST 68TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORIANO, JULIO CESAR	
STREET ADDRESS	2750 WEST 68TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9855 S.W. 184 <sup>th</sup> Street	
CITY-ST-ZIP	Miami - Florida - 33157	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9855 SW 184 <sup>th</sup> Street	
CITY-ST-ZIP	Miami - Florida - 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/02 (305) 233-0184

Date

Daytime Phone #

CR2E034 (4/02)