FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90450 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013585

1. Entity Name
PLANTATION REGIONAL MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

34524

2. Principal Place of Business		3. Mailing Address	
660 N.W. 40th AVENUE		660 N.W. 40th AVENUE	
Suite, Apt. #, etc. #14		Suite, Apt. #, etc. #14	
City & State Plantation - Florida		City & State Plantation - Florida	
Zip 33317	Country Broward	Zip 33317	Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073000 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name ALLAM YUSET
Street Address (P.O. Box Number is Not Acceptable) 660 N.W. 40th AVENUE Suite #14
City Plantation FL Zip Code 33317

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Yuset Allam	NAME	
STREET ADDRESS	660 NW 40th Ave. #14	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-23-02 954-7914757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #