

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 043 ***150.00

DOCUMENT # P01000049420

1. Entity Name

OSCEOLA MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12533 PICA STREET

Suite, Apt. #, etc.

3. Mailing Address

717 E OAK STREET

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
KISSIMMEE, FL

4. FEI Number
59-3717108

Applied For
☐ Not Applicable

Zip
32837

Country
USA

Zip
34744

Country
USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BAUMRUK, ANDY J.

Street Address (P.O. Box Number is Not Acceptable)
717 E OAK STREET

City
KISSIMMEE **FL** **Zip Code**
34744

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	D, P, S	PHAM, GIANG	12533 PICA STREET ORLANDO, FL 32837
	D, T	ZUBERI, NAVEED	3084 ZAHARIAS DR. ORLANDO, FL 32837

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

CR2E034B (12/01)