

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91748 043 ***150.00

DOCUMENT # P010000081172 ✓

1. Entity Name

Lighthouse Point Medical Center, Inc.
4301 N. Federal Highway
Lighthouse Point, Florida. 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4301 North Federal Highway 541 S.State Road 7

Suite, Apt. #, etc.

(6)

3. Mailing Address

Suite, Apt. #, etc.

(1.)

City & State

Pompano Beach

City & State

Florida.

Zip
33064

Country
Broward

Zip
33068

Country
Broward

4. FEI Number

65-1133824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Jose A. Torres

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

2233 N.W. 3rd Avenue

Boca Raton, Florida.

City

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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 Jose A. Torres

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
President
Jose A. Torres
2233 N.W. 3rd Avenue
Boca Raton, Florida. 33431

TITLE
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CITY-ST-ZIP

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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: Jose A. Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

5-18-2002

Daytime Phone #

954-977-8001

CR2E034B (12/01)