FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91165 014 ***150.00

DOCUMENT # P01000084662

1. Entity Name
ALSINA MEDICAL CENTER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8420 WEST FLAGLER ST.		8420 WEST FLAGLER ST.	
Suite, Apt #, etc. 217		Suite, Apt. #, etc 217	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33144	Country U.S.A.	Zip 33144 +	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145481 — 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 PEDRO N. ALSINA

Street Address (P.O. Box Number is Not Acceptable)
8420 W FLAGLER ST.
STE. 217

City MIAMI FL Zip Code 33144

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 of a member or authorized representative of a member) (Typed or Printed Name of Agent) (Signature of Agent required if name is changed)
4/30/02
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	P	TITLE	
NAME	PEDRO N. ALSINA	NAME	
STREET ADDRESS	711 SW 102ND. AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33174	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JACQUELINE ALSINA	NAME	
STREET ADDRESS	711 SW 102ND. AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33174	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: × PEDRO N. ALSINA- PRESIDENT 4/30/02 (305) 554-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #