

**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

8420 WEST FLAGLER ST.

3. Mailing Address

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.

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

**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 

DATE

4/30/02

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

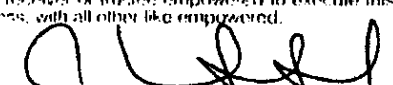
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PEDRO N. ALSINA 711 SW 102ND. AVENUE MIAMI, FL. 33174	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JACQUELINE ALSINA 711 SW 102ND. AVE. MIAMI, FL. 33174	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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**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)(b), 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 employees.

SIGNATURE: 

PEDRO N. ALSINA- PRESIDENT

4/30/02 (305) 554-5983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number