

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90527 043 ***150.00

DOCUMENT # P01000095006

1. Entity Name
FENIX MEDICAL CENTER, INC.



Principal Place of Business
92 SW 80TH AVENUE
MIAMI FL 33144

Mailing Address
92 SW 80TH AVENUE
MIAMI FL 33144



2. Principal Place of Business

3. Mailing Address

5518 W Flagler St

5518 W Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-1141945

Applied For

Not Applicable

Zip 33134

Country MIAMI DADR

Zip 33134

Country DADR

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, YURISDAY
92 SW 80TH AVENUE
MIAMI FL 33144

Name Hernandez Yurisdav

Street Address (P.O. Box Number is Not Acceptable)
718 SW 99 CT Cir

City MIAMI

FL

Zip Code 33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HERNANDEZ, YURISDAY
STREET ADDRESS 92 SW 80TH AVENUE
CITY-ST-ZIP MIAMI FL 33144

TITLE President:
NAME Hernandez Yurisdav
STREET ADDRESS 718 SW 99 CT Cir
CITY-ST-ZIP MIAMI FL 33174

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yurisdav Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03. (305) 4850178.
Date Daytime Phone #

CR2E034 (10/02)