

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91233 028 ***150.00

DOCUMENT # P02000077642

1. Entity Name

ALHAMBRA MEDICAL CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 NW 37th Avenue

Suite, Apt. #, etc.

#203

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

02-063701 P

Applied For

Not Applicable

Zip

33125-3882

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Yusuf Rajabalee

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

14805 SW 97 Terrace

City

Miami

FL

Zip Code

33176

**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

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 *Form 1* 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 PD
NAME Rajabalee Yusuf
STREET ADDRESS 14805 SW 97 Avenue
CITY-ST-ZIP Miami, FL 33176

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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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yusuf Rajabalee - President

Date

Daytime Phone #

CR2E034B (12/01)