

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90144 036 ***150.00

DOCUMENT # **P02000089140**

1. Entity Name

LAKE'S MEDICAL CENTER, INC.



DO NOT WRITE IN THIS SPACE

11032988

2. Principal Place of Business

6630 SW 93 RD AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33173

Country

Zip

Country

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 **DAMARYS E. VEGA**

Street Address (P.O. Box Number is Not Acceptable) **6630 SW 93 RD AVE.**

City **MIAMI**

FL

Zip Code **33173**

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]

DAMARYS E. VEGA.

04/23/2003

Signature, typed or printed name of registered agent is to be applicable

(NOTE: Registered Agent signature required when changing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P/UP/S/T/D**
NAME **VEGA DAMARYS E.**
STREET ADDRESS **6630 SW 93 RD AVE.**
CITY-ST-ZIP **MIAMI, FL. 33173**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

DAMARYS E. VEGA. 04/23/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)