FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90225 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103889

1. Entity Name

ROSS INTEGRAL MEDICAL CENTER, INC.

2200 S.W. 16TH STREET
MIAMI, FL 33145

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MIAMI, FL 33145

2. Principal Place of Business	3. Mailing Address
2200 S.W. 16TH ST. STE. 122	2200 S.W. 16TH ST. STE. 122
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33145 Country: US	Zip: 33145 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0745515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

FERNANDEZ, RAMON
2200 S.W. 16TH ST. SUITE 122
MIAMI, FL 33145

7. Name and Address of Current Registered Agent

Name: ALEMANY, CECILIA
Street Address (P.O. Box Number is Not Acceptable): 4449 WEST 10TH COURT
City: MIAMI FL Zip Code: 3301

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: X (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 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 Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTERED AGENT/PRESIDENT FERNANDEZ, RAMON 2200 S.W. 16TH STREET MIAMI, FL 33145 Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ALEMANY, CECILIA 2200 S.W. 16TH STREET, SUITE 122 MIAMI, FL 33145	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 attachment with an address, with all other like empowered.

SIGNATURE: X President 5/1/03 (305) 858-4700
Date Daytime Phone #