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04-08-2004 90026 044 ***150.00

DOCUMENT # P03000043369			
1. Entity Name MEDICAL CENTER AT NORTHSIDE, INC.			
Principal Place of Business 7900 NW 27 AVE STE 298 MIAMI, FL 33147		Mailing Address 7900 NW 27 AVE STE 298 MIAMI, FL 33147	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01142004		Chg-P CR2E034 (10/03)	
4. FEI Number 56-2345750		☐ Applied For ☐ Not Applicable	
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	
SCHULTE, ROBERTA 7900 NW 27 AVE STE 298 MIAMI, FL 33147		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	D SCHULTE, ROBERTA 7900 NW 27 AVE STE 298 MIAMI, FL 33147 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <i>X Robert A. Schulte</i>		4-5-04 (305) 691-0201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	