

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 PM 1:45

DOCUMENT # P03000111610

1. Entity Name

ARR MEDICAL FACILITY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6565 Taft Street ,

3. Mailing Address

6565 Taft Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Hollywood Florida

City & State

Hollywood Florida

4. FEI Number

applied for

☒ Applied For

☐ Not Applicable

Zip 33024

Country

USA

Zip 33024

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DELGADO, LYDEANA

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

6565 Taft Street Suite 200

City

Hollywood

FL

Zip Code 33024

**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 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 Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
DELGADO, LYDEANA
6565 Taft St Suite 200
Hollywood FL 33024

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800037026958
05/24/04--01017--025 **150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

Lydeana Delgado

5/05/2004 (305) 362-9139

CR2E034B (12/01)