

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90112 045 ***150.00

0236090 AV

DOCUMENT # P94000002405

1. Entity Name
TRAUMA & FAMILY MEDICAL CENTER, INC.

Principal Place of Business
2123 CORAL WAY
MIAMI FL 33145
US

Mailing Address
2123 CORAL WAY
MIAMI FL 33145
US



2. Principal Place of Business
2123 Coral Way
 Suite, Apt. #, etc.
Miami Fla
 City & State
33145

3. Mailing Address
same
 Suite, Apt. #, etc.
 City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0460234** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GOMEZ, MARIA A
10002 NW 5TH LN
MIAMI FL 33172

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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 ☐ **FILE NOW!!! FEE IS \$150.00**
 After May 1, 2002 Fee will be \$550.00
 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	VP MARTINEZ, ORESTE A 1080 S.W. 25TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, MARIA A 10002 NW LANE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-26-02 905-8605727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)