2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90012 011 ***150.00

DOCUMENT # P94000002457

1. Entity Name
COCONUT GROVE MEDICAL CORPORATION

Principal Place of Business	Mailing Address
2250 S DIXIE HWY SILVER BLUFF MEDICAL CENTER COCONUT GROVE FL 33133	2250 S DIXIE HWY SILVER BLUFF MEDICAL CENTER COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0470484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAIGE, ROBERT E ESQ
2151 LEJEUNE RD
SUITE 309-A
CORAL GABLES FL 33134

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MICHAEL E MD 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR COCONUT GROVE FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LINDA M 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR COCONUT GROVE FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Johnson MD X 4/4/01 305 8565170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)