

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90202 040 \*\*\*150.00

**DOCUMENT # P94000012845**  
 1. Entity Name  
**J & F COMMUNITY MEDICAL CENTER, INC.**

Principal Place of Business <b>9801 NE 2 AVE MIAMI SHORES FL 33188 US</b>	Mailing Address <b>9707 NE 5TH AVE RD MIAMI SHORES FL 33138 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9838 N.E. 2nd. Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>9838 N.E. 2nd. Avenue</b> Suite, Apt. #, etc.
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City & State <b>Miami Shores FL</b>	City & State <b>Miami Shores FL</b>
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4. FEI Number <b>65-0416541</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33138-2704</b>	Country <b>Miami Dade</b>	Zip <b>33138-2704</b>	Country <b>Miami Dade</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CRISOLOGO, FLOR DE MARIA**  
**9801 NE 2ND AVE**  
**MIAMI SHORES FL 33188**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9838 N.E. 2nd. Avenue**  
 City **Miami Shores FL** Zip Code **33188**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST CRISOLOGO, FLOR DE MARIA 9707 NE 5 AVE RD MIAMI SHORES FL 33138</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9838 N.E. 2nd. Avenue Miami Shores FL 33188</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** *Flor de Maria Crisologo* **Flor de Maria Crisologo** **4/26/02** **305-751-0031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)