

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90237 047 \*\*\*150.00

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



DOCUMENT # P94000012845

1. Entity Name

J & F COMMUNITY MEDICAL CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 9838 NE. 2nd. AVENUE

3. Mailing Address  
 9838 NE. 2nd. AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI SHORES, FLORIDA

City & State  
 MIAMI SHORES, FLORIDA

4. FEI Number  
 65-0416541

Applied For  
 Not Applicable

Zip Country  
 33138 MIAMI DADE

Zip Country  
 33138 MIAMI DADE

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

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
 CRISOLOGO, FLOR DE MARIA

Street Address (P.O. Box Number is Not Acceptable)  
 9838 NE. 2nd. AVENUE

City MIAMI SHORES FL Zip Code 33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PST  
 CRISOLOGO, FLOR DE MARIA  
 9838 NE. 2nd. AVENUE  
 MIAMI SHORES FL 33138

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FLOR DE MADIA CRISOLOGO

PRES

4/3/03

305-759-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)