

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90018 010 ***150.00

DOCUMENT # P94000069011

1. Entity Name

COMMUNITY HEALTH MEDICAL CENTER, INC.

Principal Place of Business

**443 SW 17TH AVENUE
 MIAMI FL 33135
 US**

Mailing Address

**441-443 SW 17TH AVE
 MIAMI FL 33135**

2. Principal Place of Business

443 SW 17 AVE.

3. Mailing Address

443 SW 17 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **65-0522766**

Applied For

Not Applicable

Zip **33135**

Country **US**

Zip **33135**

Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ARIEL
 443 SW 17TH AVE
 MIAMI FL 33135**

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

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) ☐

**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 **PSTD** ☐ Delete
 NAME **RODRIGUEZ, ARIEL**
 STREET ADDRESS **443 SW 17TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/31/2001 (305) 644 3337
 Date Daytime Phone #

CR2E034 (10/00)