## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000082651** LEISURE CITY MEDICAL CENTER, INC. Principal Place of Business Mailing Address 29341 S.W. 152 AVE. 29341 S.W. 152 AVE. LEISURE CITY FL 33033 LEISURE CITY FL 33187-2600 3. Mailing Address 2. Principal Place of Business 19762 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State ami Country Zip Country Zip

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6. Name and Address of Current Registered Agent

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PADRO, ROLANDO B

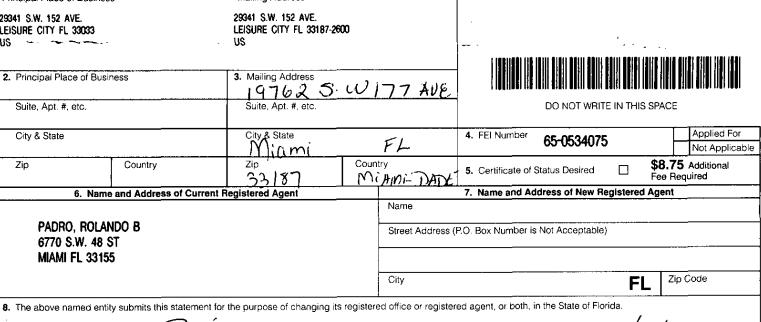
6770 S.W. 48 ST **MIAMI FL 33155** 

**SIGNATURE** 

SIGNATURE:

## May 13, 2000 8:00 am Secretary of State

05-13-2000 90039 006 \*\*\*150.00



9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 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.	2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE Name Street address City-St-Zip	PST PADRO, ROLANDO B 6770 S.W. 48 ST MIAMI FL 33155	☐ 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

Name

(NOTE Registered Agent signature required when reinstating)