

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082651

1. Entity Name

LEISURE CITY MEDICAL CENTER, INC.

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

05-13-2000 90039 006 ***150.00

Principal Place of Business 29341 S.W. 152 AVE. LEISURE CITY FL 33033 US	Mailing Address 29341 S.W. 152 AVE. LEISURE CITY FL 33187-2600 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 19762 S.W. 177 AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami FL	4. FEI Number 65-0534075	Applied For Not Applicable
Zip 33187	Country MIAMI-DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PADRO, ROLANDO B 6770 S.W. 48 ST MIAMI FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 ROLANDO B. PADRO DATE 4/26/00
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. 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 <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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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 DATE 4/26/00 DAYTIME PHONE # (305) 234-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)