

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 014 ***150.00

DOCUMENT #P94000092459

1. Entity Name

Oceanview Medical Center, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 E. Hallandale Beach Blvd.

3. Mailing Address

"SAME"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hallandale, FL

City & State

4. FEI Number

65-0558875

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Kramer, Robert M.

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd.

Suite 485-South

City

Hollywood,

FL

Zip Code
33021

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
Director - Philip R. Gould
2500 E. Hallandale Beach Blvd.
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director - Clifford J. Benezra
2500 E. Hallandale Beach Blvd.
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President - Philip R. Gould
2500 E. Hallandale Beach Blvd.
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/VP - Clifford J. Benezra
2500 E. Hallandale Beach Blvd.
Hallandale, FL 33009

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)