

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

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90071 027 ***558.75

DOCUMENT # **P95000039212**

1. Entity Name

GENERAL MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

00125874

2. Principal Place of Business

701 NW 57 Ave.

3. Mailing Address

701 NW 57 Ave.

Suite, Apt. #, etc.

1st Floor

Suite, Apt. #, etc.

1st Floor

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

65-0581173

Applied For

Not Applicable

Zip

331

Country

MIAMI-Dade

Zip

331

Country

MIAMI-Dade

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARLOS M. GARCIA

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

701 NW 57 Ave. 1st Floor

City

MIAMI

FL

Zip Code

331

**DO NOT WRITE
IN THIS SPACE**

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

Carlos M. Garcia

CARLOS M. GARCIA

6/19/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CARLOS M. GARCIA
300 ARAGON AVE. # 320
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Carlos M. Garcia

CARLOS M. GARCIA

6/19/02

(305) 648-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)