

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079849

1. Entity Name

CAMIL SURGICAL & MEDICAL CENTER, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 010 ***150.00

Principal Place of Business

Mailing Address

1800 SW 1ST ST.
 MIAMI FL 33135

~~160 W 31ST~~
 HIALEAH FL 33012-5419

2. Principal Place of Business

3. Mailing Address

1153 W 42 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Hialeah FL

4. FEI Number 65-0613310

Applied For

Not Applicable

Zip

Country

Zip
 33012

Country

USA

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

CARRALERO, ERNESTO M.
 160 W. 31TH ST.
 HIALEAH FL 33012

Name **FRANCO PISANO**

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

1153 W 42 ST

City

HIALEAH

FL

Zip Code

33012

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

Ernesto M. Carralero

(NOTE: Registered Agent signature required when reinstating)

04/25/00
 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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME CARRALERO, ERNESTO M. ☒ Delete
 STREET ADDRESS 160 W. 31 ST.
 CITY-ST-ZIP HIALEAH FL 33012

TITLE PD
 NAME **FRANCO PISANO** ☐ Change ☒ Addition
 STREET ADDRESS 1153 W 42 ST
 CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

FRANCO PISANO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00
 Date

(305) 323-7083
 Daytime Phone #

CR2E034 (9/99)