

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083738

1. Entity Name

NORTH LAUDERDALE MEDICAL CENTER, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90010 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~N. LAUDERDALE MEDICAL CENTER, INC.~~  
~~995 SW 71ST AVE~~  
~~NORTH LAUDERDALE FL 33068~~

~~995 S.W. 71ST AVENUE~~  
~~NORTH LAUDERDALE FL 33321-2936~~

2. Principal Place of Business

3. Mailing Address

7301 North University Dr. #205  
Suite, Apt. #, etc. Suite # 205

City & State Suite # 205

City & State

City & State

Zip 33321 Country Broward

Zip 33321 Country Broward

4. FEI Number 65-0632673

Applied For  
Not Applicable

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

INGALLS, BRIAN E ESQ.  
HERTZFELD & RUBIN  
1901 WEST CYPRESS CREEK ROAD, SUITE 400  
FORT LAUDERDALE FL 33309

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

(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) ☐

**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	D	<input type="checkbox"/> Delete
NAME	LISTOPAD, ANITA	
STREET ADDRESS	9480 BARITONE CT	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)