

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90377 009 \*\*\*150.00

**DOCUMENT # P96000007367**

1. Entity Name

**NORTH MIAMI MEDICAL & DIAGNOSTIC CENTER, INC.**

Principal Place of Business

**17031 N.E. 6 AVE.  
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**P.O. BOX 611690  
 N MIAMI FL 33261  
 US**

2. Principal Place of Business

**40 N.E 158TH ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

**N. MIAMI BCH**

City & State

**FLA.**

Zip

**33162**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**65-0679465**

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

**SIMILIEN, JEAN**

**17031 N.E. 6 AVE.  
 NORTH MIAMI BEACH FL 33162**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMILIEN, JEAN</b>	
STREET ADDRESS	<b>17031 N.E. 6 AVE.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMILIEN Jean</b>	
STREET ADDRESS	<b>40 N.E 158TH ST</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH FLA 33162</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 28 / 02.**

Date

Daytime Phone #

**305-944-7434**

CR2E034 (9/01)