

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000027734**

1. Entity Name

EAST HALLANDALE MEDICAL CLINIC, INC.**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90064 008 ***150.00

0089158

Principal Place of Business

2500 E HALLANDALE BEACH BLVD., STE 406
HALLANDALE FL 33009

Mailing Address

2500 E HALLANDALE BEACH BLVD., STE 406
HALLANDALE FL 33009

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0653423**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GARCIA, HUGO
2500 E HALLANDALE BCH BLVD #406
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PSTD** ☒ Delete
NAME **GRACIA, HUGO**
STREET ADDRESS **2500 EAST HALLANDALE BEACH BLVD., STE 406**
CITY-ST-ZIP **HALLANDALE FL 33009**TITLE **T** ☐ Delete
NAME **ZAPPI, RAUL E.**
STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD, SUITE 406**
CITY-ST-ZIP **HALLANDALE FL 33009**TITLE **S** ☐ Delete
NAME **ZAPPI, NAOMI**
STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD, SUITE 406**
CITY-ST-ZIP **HALLANDALE FL 33009**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **RAUL ZAPPI**
STREET ADDRESS **2500 E. HALLANDALE BCH BLVD.**
CITY-ST-ZIP **HALLANDALE FL 33009**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **RAUL ZAPPI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-01

Date

954-455-1229

Daytime Phone #

CR2E034 (10/00)