

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043162

1. Entity Name

CORAL WAY ~~MS~~ MEDICAL CENTER, INC.

*Coral Way Medical Ctr Inc.*

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90057 002 \*\*\*150.00

Principal Place of Business

Mailing Address

7171 CORAL WAY, STE 209  
 MIAMI FL 33155

7171 CORAL WAY, STE 209  
 MIAMI FL 33155-1691

2. Principal Place of Business

*7171 Coral Way*  
 Suite, Apt. #, etc. *500*

3. Mailing Address

*7171 Coral Way*  
 Suite, Apt. #, etc. *500*



DO NOT WRITE IN THIS SPACE

City & State

*Miami, FL*

City & State

*Miami, FL*

4. FEI Number

65-0665852

Applied For

Not Applicable

Zip

*33155*

Country

*Usa*

Zip

*33155*

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

FERRER, NATACHA *500*  
 7171 CORAL WAY, STE. ~~209~~  
 MIAMI FL 33155

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.

~~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	PVST	<input type="checkbox"/> Delete
NAME	FERRER, NATACHA	
STREET ADDRESS	7171 CORAL WAY, STE (209)	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRER, NATACHA	
STREET ADDRESS	7171 CORAL WAY, STE (209)	
CITY-ST-ZIP	MIAMI FL 33155	
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrer, Natacha	
STREET ADDRESS	7171 Coral Way Ste 500	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrer, Natacha	
STREET ADDRESS	7171 Coral Way Ste 500	
CITY-ST-ZIP	Miami, FL 33155	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/29/00*

CR2E034 (9/99)