


FILED
Apr 08, 2005 8:00 am
Secretary of State

00004577

DOCUMENT # P96000073146 1. Entity Name BISCAYNE PARK MEDICAL CENTER, INC.				Secretary of State 04-08-2005 90076 023 ***150.00	
Principal Place of Business 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110		Mailing Address 11900 W. DIXIE HIGHWAY MIAMI, FL 33161-6110			
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 65-0725419		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COFINO, PEDRO A ESQUIRE 407 LINCOLN ROAD SUITE 2B MIAMI BEACH, FL 33139		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRIBAR, MANUEL M.D. 11900 W. DIXIE HIGHWAY MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, RAUL 11900 W. DIXIE HIGHWAY MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> 4/6/05 (305) 685-8899 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #					