

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086244

1. Entity Name

CENTRO CLINICO LA SAGRADA FAMILIA, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90141 036 ***150.00

| | |
|--|---|
| Principal Place of Business 9858 N KENDALL DRIVE APT E-108 MIAMI FL 33176 | Mailing Address 157 S.W. 57TH AVENUE STE 151 MIAMI FL 33144-3411 US |
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| | |
|--|------------------------------------|
| 2. Principal Place of Business 3939 NW 7 Street | 3. Mailing Address 3939 NW 7 St |
| Suite, Apt. #, etc. 4205 | Suite, Apt. #, etc. S-205 |

| | |
|--------------------------|--------------------------|
| City & State Miami FL | City & State Miami FL |
| Zip 33126 | Zip 33126 |
| Country USA | Country USA |



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--|
| 4. FEI Number 65-0761226 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

ALONSO, ANTONIO E
9858 N KENDALL DRIVE
APT E-108
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name Alonso Antonio E
Street Address (P.O. Box Number is Not Acceptable)
11310 NW 50 Terrace
City Miami FL Zip Code 33178

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] (NOTE: Registered Agent signature required when reinstating) DATE 04/17/00

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRECO, JACQUELINE 9858 N KENDALL DRIVE #E-108 MIAMI FL 33176 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Greco Jacqueline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2939 NW 7 street, suite 205 Miami FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jacqueline Greco DATE 04/17/00 (305) 631-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)