2000 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P96000092123 1. Entity Name NEW WORLD MEDICAL CENTER, INC. 08-08-2000 90004 029 ***150.00 Principal Place of Business Mailing Address 4100 W. FLAGLER ST. #B2 4100 W. FLAGLER ST. #B2 MIAMI FL MIAMI FI 2. Principal Place of Business 3. Mailing Address 139 AVE CIR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0706279 Not Applicable 11AM Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARGOLIS, JOHN A ESQ. Street Address (P.O. Box Number is Not Acceptable) 9990 S.W. 77TH AVE., STE. 330 MIAMI FL 33156-2699 City Zip Code FL 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MARTINEZ, ROBERT NAME NAME 14472 SW 139 AVE. CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change Addition TITLE ☐ Delete TITLE MONTALVO, BEATRIZ NAME NAME STREET ADDRESS STREET ADDRESS 7050 SW 156 CT. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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@ke empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/28/00 305/558-6622

Change

☐ Addition

FILED

B0104351



DIVISION OF CORPORATIONS Tallahassee, Florida 32314 Secretary of State **Katherine Harris** P.O. Box 6327

Inflantin, Madalladdad

1999 12 07/14/00 ADDRESS

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MIAMI FL 33134-1640

IT WAS SENT TO THE WRONG ADDRESS. RECIEVED THIS LATE BELAUSE

AND POST OFFICE SENT IT TO ME ATE Som MOBRIA NAMINER

> FLORIDA DIVISION OF CORPORATIONS FIRST-CLASS MAIL U.S. POSTAGE PAID PRESORTED