

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000104342

FILED
Apr 30, 2003
Secretary of State

Entity Name: PINES MEDICAL CENTER, INC.

Current Principal Place of Business:

2301 N. UNIVERSITY DR.
STE. 202
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2301 N. UNIVERSITY DR.
STE. 202
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0728687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONIOUDIS, PERRY D
315 SE 7TH STREET
2ND FLOOR
FT. LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DELL'API, PASQUALE
Address: 2301 N. UNIVERSITY DR., STE. 202
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: DELL'API, PASQUALE DR.
Address: 2301 N. UNIVERSITY DR., STE. 202
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASQUALE DELL'API

PSD

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date