

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **P97000021951**  
 1. Entity Name  
**CORAL SPRINGS THERAPEUTIC MEDICAL CENTER, INC.**

FILED

00 APR 24 AM 10:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

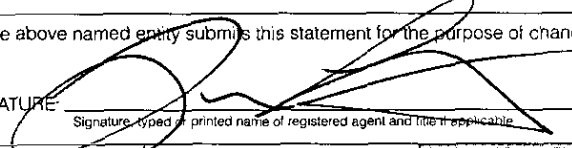
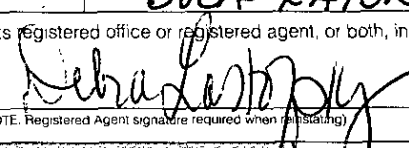
Principal Place of Business Mailing Address  
**8180 WILES RD 8184 WILES RD**  
**CORAL SPRINGS, FLORIDA CORAL SPRINGS, FL**  
**33067 33067**

2. Principal Place of Business 3. Mailing Address  
**8180 WILES RD 8184 WILES RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**CORAL SPRINGS, FL CORAL SPRINGS, FL 65-0738034 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**33067 USA 33067 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**DARREN LASTOFSKY DEBRA LASTOFSKY**  
**10037 LEXINGTON ESTATES BLVD**  
**BOCA RATON, FL 33428 10037 LEXINGTON ESTATES BLVD**  
 City City Zip Code  
**BOCA RATON FL 33428**

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   4/5/00  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) 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	P	DR DARREN LASTOFSKY <input checked="" type="checkbox"/> Delete	TITLE	P	DEBRA LASTOFSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		DEBRA LASTOFSKY
STREET ADDRESS		10037 LEXINGTON ESTATES BLVD	STREET ADDRESS		10037 LEXINGTON ESTATES BLVD
CITY-ST-ZIP		BOCA RATON, FL 33428	CITY-ST-ZIP		BOCA RATON, FL 33428
TITLE			TITLE		
NAME		DEBRA LASTO <input type="checkbox"/> Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 line empowers.

SIGNATURE:   4/5/00 (954) 384 1604  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)