

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90017 040 ***150.00

DOCUMENT # P97000033735

1. Entity Name
SOUTH WIND MEDICAL CENTER INC.
SOUTH WIND MEDICAL CENTER, INC.
1870 Forest Hill Blvd Suite 103
West Palm Beach FL 33406
561-433-4333

Principal Place of Business
5335 N. MILITARY TRAIL
SUITE 44
WEST PALM BEACH FL 33407

Mailing Address
5335 N. MILITARY TRAIL
SUITE 44
WEST PALM BEACH FL 33407

2. Principal Place of Business
1870 Forest Hill Blvd
Suite, Apt. #, etc.
H103

3. Mailing Address
1870 Forest Hill Blvd
Suite, Apt. #, etc.
103

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip
33406

Country
USA

Zip
33406

Country
USA

6. Name and Address of Current Registered Agent

MILLIEN, GARRY D
5335 N. MILITARY TRAIL
SUITE 44
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
ROSA M. CUELLO, M.D.
ME-0071562
GARRY D MILLIEN, MD
ME-0066418
1870 Forest Hill Blvd H103
WEST PALM BEACH FL 33406

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 **GARRY D MILLIEN, MD** **ME-0066418** **1/26/2001**

SIGNATURE **ROSA M. CUELLO, M.D.** **ME-0071562**

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete P MILLIEN, GARRY D 5335 N MILITARY TRAIL #44 WEST PALM BEACH FL 33407 25% of Share | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 MILLIEN, GARRY D. 1870 FOREST HILL BLVD #103 WEST PALM BEACH FL 33406 25% SHARES |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete V CUELLO, ROSA M 5335 N MILITARY TRAIL #44 WEST PALM BEACH FL 33407 75% Shares | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 ROSA M CUELLO 1870 FOREST HILL BLVD #103 WEST PALM BEACH FL 33406 75% SHARES |
| 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 3 GARRY D MILLIEN, MD ME-0066418 25% of SHARES |
| 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 4 ROSA M. CUELLO, M.D. ME-0071562 75% of SHARES |
| 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 |
| 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 |

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: **GARRY D MILLIEN, MD** **ME-0066418** **1/26/2001** **561-433-4333**

SIGNATURE: **ROSA M. CUELLO, M.D.** **ME-0071562**

Date: **1/26/2001** Daytime Phone #