

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 049 ***150.00

DOCUMENT # P97000004081

1. Entity Name
FT. LAUDERDALE MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 E.OAKLAND PK.BLVD

Suite, Apt. #, etc.
100

3. Mailing Address

1400 E.OAKLAND PK.BLVD.

Suite, Apt. #, etc.
100

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

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FT. LAUDERDALE, FL

4. FEI Number
65-0751765

Applied For
Not Applicable

Zip
33334

Country
Broward

Zip
33334

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARY S. SNYDER
Street Address (P.O. Box Number is Not Acceptable)
1400 E.OAKLAND PK.BLVD.#100

City **FT. LAUDERDALE** **FL** **33334**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SNYDER, GARY S.
1400 E.OAKLAND PARK BLVD.#100
FT. LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

954-486-4500
Daytime Phone #