

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040968

1. Entity Name

CMC HEALTH CENTER, INC.

Principal Place of Business

4230 WEST 16TH AVENUE  
HIALEAH FL 33012

Mailing Address

4230 WEST 16TH AVENUE  
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0753004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PUGO, ANGEL~~ CASO, ANGEL  
17600 SW 59TH COURT  
FORT LAUDERDALE FL 33331

Name CASO, CLARA M.  
Street Address (P.O. Box Number is Not Acceptable)  
17600 SW 59TH CT.

City FORT LAUDERDALE FL Zip Code 33331

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  CLARA M. CASO, P

(NOTE: Registered Agent signature required when reinstating)

4/20/01  
DATE

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

**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 P  
NAME ~~PUGO, ANGEL~~ CASO, ANGEL ☒ Delete  
STREET ADDRESS 17600 SW 59TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE P  
NAME CASO, CLARA M. ☐ Change ☒ Addition  
STREET ADDRESS 17600 SW 59TH CT.  
CITY-ST-ZIP FORT LAUDERDALE FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 registered 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:  CLARA M. CASO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 305-827-1703  
Date Daytime Phone #

FILED  
May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90056 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

UN33410

CR2E034 (10/00)