

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054514

1. Entity Name

WEST-DIXIE MEDICAL CENTER, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90096 040 \*\*\*150.00

Principal Place of Business

Mailing Address

703 SOUTH DIXIE HIGHWAY WEST  
 POMPANO BEACH FL 33069

703 SOUTH DIXIE HIGHWAY WEST  
 POMPANO BEACH FL 33060-8221

2. Principal Place of Business

3. Mailing Address

703S Dixie Hwy  
 Suite, Apt. #, etc.

Same  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pompano Beach FL

4. FEI Number

65-0764624

Applied For

Not Applicable

Zip

Country

Zip

Country

33060

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

LAVENTURE, YVES M  
 703 SOUTH DIXIE HIGHWAY WEST  
 POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/10/00

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, 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 ☐ Delete  
 NAME CEO  
 STREET ADDRESS LAVENTURE, YVES M DR  
 CITY-ST-ZIP 4122 INVERARRY BLVD  
 LAUDERHILL FL 33319 18742 NW 89 Ave  
 Miami FL 33018

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

TITLE ☐ Delete  
 NAME MD  
 STREET ADDRESS LAVENTURE, MRE I  
 CITY-ST-ZIP 18742 N.W. 89 AVE  
 HIALEAH FL 33018

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

TITLE ☐ Delete  
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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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

CR2E034 (9/99)