

2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT #

P97000079851

FILED

00 AUG 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ACADEMY WOMEN, S MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

8300, West Flagler,
Miami, Florida, 33144

2. Principal Place of Business

Miami, Florida.

3. Mailing Address

8300, W. Flagler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#130.

City & State

City & State
Miami, Florida

4. FEI Number

65-0794684

Applied For

Not Applicable

Zip

Country

Zip
33144

Country
Dade

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Nabil N. Ghali,
4210, Palm Ave.
Hialeah, Florida, 33012

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

8-8-2000

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President ☐ Delete
Nabil N. Ghali,
4210, Palm Ave. Hialeah, Fl. 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/S ☐ Change ☐ Addition
Dora Hernandez,
4210, Palm Ave. Hialeah, Fl. 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
500003368055
-08/23/00--01013--010
****158.75 ****158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TS
05/17/99 90007 009 150,00

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:

NABIL N. GHALI, PRESIDENT, 8-8-2000

(305) 827-3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Nabil N.Ghali, M.D.
P.O.Box, 1803,
Cleveland-Ohio, 44106,

8 - 8 - 2000

Florida Department of State
Division of Corporations
P.O.Box, 6327,
Tallahassee, Florida, 32314

Att. Ms Coleman:

As per our telephone conversation, this is a written statement that last year I sent the 1999 operation annual report with an enclosed check (check cleared). I never received any rejection and I did not know that the corporation (Academy Women, s Medical Center Inc.) was dissolved till I talked to you (7-27-2000).

Very Truly Yours,



Nabil N.Ghali, M.D.