

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90015 035 ***550.00

DOCUMENT # P97000081449

1. Entity Name

EAST HIALEAH COMMUNITY HEALTH CENTER INC.

Principal Place of Business

**8900 CORAL WAY
 202
 MIAMI FL 33165**

Mailing Address

**8900 CORAL WAY
 202
 MIAMI FL 33165**

2. Principal Place of Business

**8900 CORAL WAY
 Suite, Apt. #, etc.
 202**

3. Mailing Address

**8900 CORAL WAY
 Suite, Apt. #, etc.
 202**

City & State

Miami, FL, 33165

City & State

Miami, FL

Zip
33165

Country
EUA

Zip
33165

Country
EUA

4. FEI Number

65-0787130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BAEZ, ONELIO
 8900 CORAL WAY
 202
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **RAUL HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
8900 CORAL WAY
Suite 202.
 City **Miami** FL **FL** Zip Code **FL**

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

Raul Hernandez

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

(NOTE: registered Agent signature required when reinstating)

07/23/01

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAEZ, ONELIO	
STREET ADDRESS	8900 CORAL WAY #202	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	Raul Hernandez	
STREET ADDRESS	8900 CORAL WAY #202	
CITY-ST-ZIP	Miami, FL, 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/01 (305) 554-5121

Date

Daytime Phone #

CR2E034 (5/01)