

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0217655 AV

**DOCUMENT # P98000046355**

1. Entity Name  
**SELECTA MEDICAL CENTER, INC.**

02-21-2002 90016 031 \*\*\*150.00

Principal Place of Business  
**1393 SW 1 ST.**  
**SUITE 302**  
**MIAMI FL 33135**

Mailing Address  
**1393 SW 1 ST.**  
**SUITE 302**  
**MIAMI FL 33135**



2. Principal Place of Business  
**1393 SW 1 ST**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**320**

Suite, Apt. #, etc.  
**320**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL.**

City & State

4. FEI Number **65-0837345** Applied For   
 Not Applicable

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

Zip **33135** Country **DADE** Zip Country

6. Name and Address of Current Registered Agent  
**SALAZAR, ARMANDO J**  
**6212 SW 107 AVE.**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<b>PSD MACARENO, CLARA L 1393 SOUTHWEST 1ST STREET MIAMI FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD SALAZAR, ARMANDO J 6212 S.W. 107 AVE. MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED **1-10-02** **305-644-0977**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)