2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am P98000056432 DOCUMENT # **Secretary of State** Entity Name 02-20-2002 90094 028 ***150 00 AIN MANAGEMENT MEDICAL CENTER, INC. rincipal Place of Business Mailing Address 3984 WEST 16TH AVENUE 1984 WEST 16TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0846198 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, MARTHA L Street Address (P.O. Box Number is Not Acceptable) 3984 WEST 16TH AVENUE HIALEAH FL 33012 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10. Election Campaign Financing_ \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00° Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE Delete TITLE □ Change Addition MARTINEZ, MARTHA L NAME NAME STREET ADDRESS 3984 WEST 16TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME , NAME STREET ADDRESS STREET ADDRESS A CALL STATE CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mile Fel S. Lif TITLE ☐ Change Addition □ Delete NAME! AUCL APPEARS RE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental of the corporation of the receiver or true cute thi

SIGNATURE:

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