

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077002

1. Entity Name

PARADISE MEDICAL CENTER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90134 019 ***150.00

Principal Place of Business

50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS FL 33903

Mailing Address

50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS FL 33903-3719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3613609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAUTISTA, EVA
50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS FL 33903

Name
MILAGROS D. AGUILAR

Street Address (P.O. Box Number is Not Acceptable)
50 PINE ISLAND ROAD SUITE 4

City
NORTH FORT MYERS

FL

Zip Code
33903

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 **MILAGROS D. AGUILAR** SECRETARY **APRIL 27, 2000**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 **P** ☐ Delete
NAME **AGUILAR, EPHRAIM G M.D.**
STREET ADDRESS **50 PINE ISLAND ROAD SUITE 4**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **P** ☒ Change ☐ Addition
NAME **AGUILAR, EPHRAIM G M.D.**
STREET ADDRESS **50 PINE ISLAND ROAD SUITE 4**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **S** ☐ Delete
NAME **AGUILAR, MILAGROS D**
STREET ADDRESS **50 PINE ISLAND ROAD SUITE 4**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **S** ☒ Change ☐ Addition
NAME **AGUILAR, MILAGROS D**
STREET ADDRESS **50 PINE ISLAND ROAD SUITE 4**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **VP** ☐ Delete
NAME **AGUILAR, CORI R. D.**
STREET ADDRESS **415 CHALAN SAN ANTONIO SUITE 101-268**
CITY-ST-ZIP **TAMUNING, GUAM 96911**

TITLE **VP** ☒ Change ☐ Addition
NAME **AGUILAR, CORI R. D.**
STREET ADDRESS **415 CHALAN SAN ANTONIO SUITE 101-268**
CITY-ST-ZIP **TAMUNING, GUAM 96911**

TITLE **T** ☐ Delete
NAME **AGUILAR, ARLENE D**
STREET ADDRESS **22859 DEL VALLE #303**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

TITLE **T** ☐ Change ☐ Addition
NAME **AGUILAR, ARLENE D**
STREET ADDRESS **22859 DEL VALLE #303**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

TITLE **VP** ☐ Delete
NAME **AGUILAR, EFREN D**
STREET ADDRESS **22859 DEL VALLE #201**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

TITLE **VP** ☐ Change ☐ Addition
NAME **AGUILAR, EFREN D**
STREET ADDRESS **22859 DEL VALLE #201**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

TITLE **A** ☐ Delete
NAME **SALAS, GENALYN**
STREET ADDRESS **22859 DEL VALLE #201**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

TITLE **A** ☐ Change ☐ Addition
NAME **SALAS, GENALYN**
STREET ADDRESS **22859 DEL VALLE #201**
CITY-ST-ZIP **WOODLAND HILLS CA 91364**

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: **EPHRAIM G. AGUILAR, M.D. PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2000 (941)656-0455
Date Daytime Phone #