

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000077002**

1. Entity Name

**PARADISE MEDICAL CENTER, INC.****FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90503 043 \*\*\*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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>22-3613609</b>	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>AGUILAR, MILAGROS D 50 PINE ISLAND ROAD SUITE 4 NORTH FORT MYERS FL 33903</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILAR, EPHRAIM G</b>	NAME	
STREET ADDRESS	<b>50 PINE ISLAND ROAD SUITE 4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILAR, MILAGROS D</b>	NAME	
STREET ADDRESS	<b>50 PINE ISLAND ROAD SUITE 4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH FORT MYERS FL 33903</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILAR, CORI R D</b>	NAME	
STREET ADDRESS	<b>415 CHALAN SAN ANTONIO SUITE 101-268</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMUNING, GUAM 96911</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILAR, ARLENE D</b>	NAME	
STREET ADDRESS	<b>22859 DEL VALLE #303</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91364</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGUILAR, EFREN D</b>	NAME	
STREET ADDRESS	<b>22859 DEL VALLE #201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91364</b>	CITY-ST-ZIP	
TITLE	<b>A</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAS, GENALYN</b>	NAME	
STREET ADDRESS	<b>22859 DEL VALLE #201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WOODLAND HILLS CA 91364</b>	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/01 (941) 656-0455**  
Date Daytime Phone #

CR2E034 (10/00)