

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90030 024 ***150.00

0479206 AV

DOCUMENT # P98000077002

1. Entity Name

PARADISE MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS FL 3390350 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

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

AGUILAR, MILAGROS D
50 PINE ISLAND ROAD SUITE 4
NORTH FORT MYERS FL 33903

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

Milagros D. Aguilar (Secretary)
 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, 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	P AGUILAR, EPHRAIM G 50 PINE ISLAND ROAD SUITE 4 NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGUILAR, MILAGROS D 50 PINE ISLAND ROAD SUITE 4 NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, CORI R D 415 CHALAN SAN ANTONIO SUITE 101-268 TAMUNING, GUAM 96911	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILAR, ARLENE D 22859 DEL VALLE #303 WOODLAND HILLS CA 91364	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUILAR, EFREN D 22859 DEL VALLE #201 WOODLAND HILLS CA 91364	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SALAS, GENALYN 22859 DEL VALLE #201 WOODLAND HILLS CA 91364	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGUILAR, EPHRAIM G. 50 PINE ISLAND RD. SUITE 4 NORTH FORT MYERS, FL. 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGUILAR, MILAGROS D. 50 PINE ISLAND RD. SUITE 4 NORTH FORT MYERS, FL. 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGUILAR, CORI D. 1374 LOUISIANA LAKES AVE. LAS VEGAS, NV. 89123	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGUILAR, EFREN D. 1374 LOUISIANA LAKES AVE. LAS VEGAS, NV. 89123	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALAS, GENALYN 1374 LOUISIANA LAKES AVE. LAS VEGAS, NV. 89123	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

3/26/02 (941) 656-0455