

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078345

1. Entity Name

SAN FRANCISCO MEDICAL CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 21 7 AM 9:55

Principal Place of Business 881 West Palm Drive Florida City, Fl 33034	Mailing Address 881 West Palm Drive Florida City, Fl 33034
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0862678

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

**CASTILLO, FAUSTO
881 West Palm Drive
Florida City, Fl 33034**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, FAUSTO P. 881 W Palm Drive Florida City, Fl 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLASCO, RENE 881 W Palm Drive Florida City, Fl 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LOS SANTOS, JOSE 881 W Palm Drive Florida City, Fl 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-12703700--01827--015
***150.00 ***150.00

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:  **Fausto Castillo, Director 11/20/00 305-245-6888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File No.

P98000078345 P. 2

SAN FRANCISCO MEDICAL CENTER, INC.

November 20, 2000


Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We receive a notification from our vendor's that our corporation is dissolved, after searching in the internet we realize that our mailing address is not correct beside that in our 1999 we correct the address look that was a mistake when was take by your department because we put "W" and in the report appear as "N". Please find enclosed the document and the check for \$ 150.00 and see if any way you can waive the late fees, taking in consideration that we did not file this report because we never received as you can see in the records in 1999 we filed on time and we have this corporation in good standing with all the Departments

Thank you, for takes care our petition. If you need additional information, do not hesitate to call us.

Sincerely,


Fausto Castillo M.D.
Director.

881 WEST PALM DRIVE • FLORIDA CITY, FLORIDA • 33034
PHONE: 305-245-0888 • FAX: 305-245-0550