

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91754 029 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P98000078345

1. Entity Name

SAN FRANCISCO MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

43 NE 10th Street

State, Apt. #, etc.

3. Mailing Address

43 NE 10th Street

Suite, Apt. #, etc.

96145

DO NOT WRITE IN THIS SPACE

City & State

Homestead FL

City & State

Homestead FL

4. FEI Number

65-0862678

Applied for

Not Applicable

Zip

33030

Country

Zip

33030

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Fausto Castillo

Street Address (P.O. Box Number is Not Acceptable)

43 NE 10 STREET

City Homestead

FL

Zip Code

33030

DO NOT WRITE IN THIS SPACE

8. This 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's signature required when non-stating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME Castillo, Fausto P
STREET ADDRESS 43 NE 10th ST
CITY - ST - ZIP Homestead FL 33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME Nolasco, Rene
STREET ADDRESS 43 NE 10th ST
CITY - ST - ZIP Homestead FL 33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME De Los Santos, Jose
STREET ADDRESS 43 NE 10th ST
CITY - ST - ZIP Homestead FL 33030

TITLE
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CITY - ST - ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fausto Castillo Fausto Castillo 05/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Please Print)