

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

## DOCUMENT #

1. Entity Name

P98000091746

SOUTH CORAL MEDICAL CENTER INC.

00 OCT -4 PH 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1378 CORAL WAY  
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0872559

Applied For  
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARA MONTESINO  
1378 CORAL WAY  
MIAMI, FL 33145

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

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  
P/D  
BARBARA B. MONTESINO  
1378 CORAL WAY  
MIAMI, FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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600003459486-5  
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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

Date

Daytime Phone #

2

SOUTH CORAL MEDICAL CENTER INC.  
DOC.#P98000091746

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,



BARBARA MONTESINO  
PRESIDENT