

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000091746

1. Entity Name

SOUTH CORAL MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1378 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

1378 CORAL WAY

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33145

Country

City & State
MIAMI, FL

Zip
33145

Country

4. FEI Number

65-0872559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BARBARA B. MONTESINO

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

1378 CORAL WAY

City MIAMI

FL

Zip Code
33145

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity signs 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.

BARBARA B. MONTESINO

(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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
(P) BARBARA B. MONTESINO
1378 CORAL WAY
MAIMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

05/27/02 90413 023 \$150.00

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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 on an attachment with an address, with or other like empowered.

SIGNATURE:

BARBAR B. MONTESINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

02 NOV 13 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR26048 (12/01)

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

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTION I AM ENCLOSING THE 2002 UBR COMPLETED FORM WITH CORRECTIONS. I HAD SUBMITTED SUCH FORM IN MAY 2002 BUT APPARENTLY I NEVER HEARD ANY NOTICE FROM YOUR OFFICE. I HAVE MADE THE CORRECTIONS NECESSARY TO PROPERLY FILE THIS CORPORATION PLEASE BE SO KIND TO WAIVE ANY LATE FEES.

(I didn't receive the reject or 2 notice)
THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



BARBARA B. MONTESINO
PRESIDENT