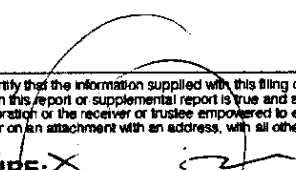


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90920 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000091746		
1. Entity Name SOUTH CORAL MEDICAL CENTER INC.		
Principal Place of Business 1378 CORAL WAY MIAMI, FL 33145		Mailing Address 1378 CORAL WAY MIAMI, FL 33145
2. Principal Place of Business 2720 SW 97 AV Suite, Apt. #, etc. #208		3. Mailing Address Suite, Apt. #, etc. Same
City & State MIAMI FL		4. FEI Number 85-0872559
Zip 33165 Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MONTESINO, BARBARA B 1378 CORAL WAY MIAMI, FL 33145		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE Signature, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent's name is required when addressing)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

55037443



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)