200 [·]	1 UNIFORM BUS	INESS REPOR	RT (UBF	3)						278090
DOCUMENT # P9900004128 1. Entity Name MANHATTAN MEDICAL CORPORATION					FILED					
110 11 11 11						01	JAN 31	PM 12:	կ կ	
Principal Place of Business 11205 S.W. 30TH STREET MIAMI FL 33165		Mailing Address 11205 S.W. 30TH STREET MIAMI FL 33165				SE TAL	GRETARY FAHASSE	OF STA	TE RIDA	
	Place of Business NW 82 AVE	3. Mailing Address 925 NW 82	Ave							
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS S	PACE		
City & Stat	FL	City & State M (A FL		4.	FEI Number	65-08883	57		pplied For at Applicable	
Zip 33 .	Country U.S. A 6. Name and Address of Current I	33116	Country	<u>/t</u>	Certificate of S		ا ا	\$8.75 Add Fee Required		-4
MAC 1120 MIAN		MAN1 ddress (P.O.	FILLA Box Number is	MIL	AGROS ole))				
			City /	NIAM	/		FL	Zip Code	طد]
8. The above	named entity submits this statement for high statement for a s	and title if applicable. (NOTE. Re	MILA GA egistered Agent signatu	205 /7 re required when	MANTIL	\	-lorida. <u>20</u> DATE	-0/		}
9. This corpo Tax filing (See crite	FEE IS \$150.0 Fee will be \$5 to Department	50.00 of State	Trust I	on Campaign F Fund Contribut	ion. \square	Ådded	May Be to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MACARI, HILDA 11205 S.W. 30TH STREET MIAMI FL 33165	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAI 925	DOITIONS/CH WTILL WIW. MI FA	A, MIL. 82 CB		1.7	S IN 11 Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			☐ Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		000	0003 -02/06 ****1	50.00 *	k***150		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				п- С	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME . STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
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 accires, with all other like empowered. SIGNATURE SIGNATURE										
SIGNAT	SIGNATURE AND TYPED OR PE	NINTED NAME OF SIGNING OFFICER OR D	MITAGRE DIRECTOR	IS, MA	UIILLA	Date	<u> </u>	ytime Phone #		