

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
 07-28-2000 90151 009 ***150.00

DOCUMENT # P99000018979

1. Entity Name
G.R. MEDICAL CENTER INC.

Principal Place of Business Mailing Address
MIAMI-DADE COUNTY **1430 S.W. 1st. Street**
Suite #207
MIAMI, FLORIDA 33135.-

2. Principal Place of Business 3. Mailing Address
Miami, Florida **1430 S.W. 1st. Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #207
 City & State City & State
MIAMI, FLORIDA 33135
 Zip Country Zip Country

4. FEI Number Applied For
65-0897517 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Mr. Pedro A. GONZALEZ **Mr. Pedro A. GONZALEZ**
1430 S.W. 1st. Streer **1430 S.W. 1st. Street**
Suite #207 **Suite #207**
MIAMI, FLORIDA 33135.- **MIAMI FL 33135**

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 *Pedro Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE **07-15-2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Mr. Pedro A. GONZALEZ		NAME		
STREET ADDRESS	1430 SW 1st. St. Suite #207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 33135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Secretary		NAME		
STREET ADDRESS	Mr. Pedro A. GONZALEZ		STREET ADDRESS		
CITY-ST-ZIP	1430 SW 1st. St. Suite #207		CITY-ST-ZIP		
	MIAMI, FLORIDA 33135				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Treasurer		NAME		
STREET ADDRESS	Mr. Pedro A. GONZALEZ		STREET ADDRESS		
CITY-ST-ZIP	1430 SW 1st. St. Suite #207		CITY-ST-ZIP		
	MIAMI, FLORIDA 33135				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: *Pedro Gonzalez* **06-20-00** **(305) 21-8133**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)