

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90094 044 ***150.00

DOCUMENT # P99000059641

1. Entity Name
BERKEN MEDICAL CENTER INC.

Principal Place of Business

3850 W 87TH AVENUE
SUITE 201
MIAMI FL 33165

Mailing Address

3850 W 87TH AVENUE
SUITE 201
MIAMI FL 33165

2. Principal Place of Business

3850 S.W. 87th Avenue
Suite, Apt. #, etc.
Suit 206

City & State
MIAMI FL

Zip
33165

Country
U.S.

3. Mailing Address

3850 S.W. 87th Avenue
Suite, Apt. #, etc.
Suit 206

City & State
MIAMI FL

Zip
33165

Country
U.S.

4. FEI Number
65-0935071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERRERA, LAZARO A
3850 W 87TH AVENUE
SUITE 201
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
3850 S.W. 87th Avenue Suite 206
City
MIAMI FL
Zip Code
33165

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
D
NAME
HERRERA, LAZARO A
STREET ADDRESS
3850 W 87TH AVENUE
CITY-ST-ZIP
MIAMI FL 33165

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
HERRERA LAZARO A
STREET ADDRESS
3850 S.W. 87th Avenue Suite 206
CITY-ST-ZIP
MIAMI FL 33165

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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 address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

(305) 480 4000

Daytime Phone #

CR2E034 (9/01)