

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90115 005 ***158.75

DOCUMENT # P99000071087

1. Entity Name

SANTANDER MEDICAL CENTER, INC.

Principal Place of Business

**8150 SW 8 ST
#204
MIAMI FL 33144
US**

Mailing Address

**8150 SW 8 ST
#204
MIAMI FL 33144
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0940223**

Applied For

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

**DOBARGANES, MOISES J
11370 SW 60 TERRACE
MIAMI FL 33173**

Name

ONEIDA MAKLOUF

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

367 EAST 14 ST #2

City

HALEAH

FL

Zip Code

33010

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

*Oneida Maklof**Oneida Maklof***1-5-2001**

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

(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) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	DOBARGANES, MOISES J	
STREET ADDRESS	11370 SW 60 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONEIDA MAKLOUF	
STREET ADDRESS	367 EAST 14 STREET #2	
CITY-ST-ZIP	HALEAH, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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:

Oneida Maklof

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-2001 (305)2696789

Daytime Phone #

CR2E034 (10/00)