

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91519 007 ***150.00

FOR PROFIT CORPORATION

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077760

1. Entity Name
EMBASSY MEDICAL CENTER, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
613 E. 49th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State

Zip
33013

Country

Zip

Country

4. FEI Number
650947236

Applied For
Not Applicable

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NGUYEN, THUAT

Street Address (P.O. Box Number is Not Acceptable)
613 E. 49th St.

City
HIALEAH

FL

Zip Code
33013

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NGUYEN, THUAT
613 E 49th ST.
HIALEAH, FL 33013

TITLE
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (305) 466 2055

Date

Daytime Phone #

CR2E034B (12/02)