

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**  
 04-28-2000 90090 019 \*\*\*150.00

**DOCUMENT # P99000078765**

1. Entity Name

**SURG-MED OF NORTH SHORE, INC.**

Principal Place of Business

Mailing Address

10550 N.W. 77TH COURT, STE. 224  
 HIALEAH GARDENS FL 33016

10550 N.W. 77TH COURT, STE. 224  
 HIALEAH GARDENS FL 33016-2071

2. Principal Place of Business

3. Mailing Address

**15175 EAGLE NEST LN.**

**15175 EAGLE NEST LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 108**

**SUITE # 108**

City & State

City & State

**MIAMI LAKES, FL**

**MIAMI LAKES, FL**

Zip

Country

Zip

Country

**33014**

**U.S.**

**33014**

**U.S.**

4. FEI Number

Applied For

**65-0946291**

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

**VILA, MANUEL M**  
 10550 N.W. 77TH COURT, STE. 224  
 HIALEAH GARDENS FL 33016

Name

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

**15175 EAGLE NEST LN**  
**SUITE # 108**

City

FL

Zip Code

**33014**

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

**MANUEL M. VILA, PRESIDENT**

**4/18/2000**

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, 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	PVST	<input type="checkbox"/> Delete
NAME	VILA, MANUEL M	
STREET ADDRESS	10550 N.W. 77TH COURT, STE. 224	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILA, MANUEL M	
STREET ADDRESS	10550 N.W. 77TH COURT, STE. 224	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15175 EAGLE NEST LN., SUITE # 108	
STREET ADDRESS	MIAMI LAKES, FL. 33014	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15175 EAGLE NEST LN, SUITE 108	
STREET ADDRESS	MIAMI LAKES, FL, 33014	
CITY-ST-ZIP		
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		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MANUEL M. VILA PRESIDENT 4/18/00 (305) 824-1107**