

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082356

1. Entity Name

SCALA MEDICAL CENTER & REHABILITATION INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90054 041 \*\*\*150.00

Principal Place of Business

Mailing Address

101 HIALEAH DR.  
HIALEAH FL 33010

101 HIALEAH DR.  
HIALEAH FL 33010-5216

2. Principal Place of Business

3. Mailing Address

110 HIALEAH DR.

110 HIALEAH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

HIALEAH, FL.

HIALEAH, FL.

Zip 33010

Country U.S.

Zip 33010

Country U.S.

4. FEI Number

65-0948240

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

CAPDEVILA, GREG  
101 HIALEAH DR.  
HIALEAH FL 33010

Name

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

City

FL

Zip Code

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, type or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

02-09-00

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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CAPDEVILA, GREG  
STREET ADDRESS 101 HIALEAH DR.  
CITY-ST-ZIP HIALEAH FL 33010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME FARIGOLA, JANET  
STREET ADDRESS 101 HIALEAH DR.  
CITY-ST-ZIP HIALEAH FL 33010

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-09-00

305-889-8329

CR2E034 (9/99)