

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90020 001 ***150.00

DOCUMENT # P99000096824

1. Entity Name

ROYAL FAMILY MEDICAL CENTER, INC.

Principal Place of Business

14260 S.W. 16TH STREET
 DAVIE FL 33325

Mailing Address

14260 S.W. 16TH STREET
 DAVIE FL 33325-5907

2. Principal Place of Business

322 S. FEDERAL HIGHWAY 322 S. Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DANIA BCH, FL

City & State

DANIA BCH, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

650961168

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

ELLIOTT, RAYMOND
 322 S. FEDERAL HIGHWAY
 DANIA FL 33004

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS ELLIOTT, RAYMOND
 CITY-ST-ZIP 14260 S.W. 16TH STREET
 DAVIE FL 33325

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NTEKIM, KATHERINE
 CITY-ST-ZIP 19461 N.W. 7TH STREET
 PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ALEXANDER, VINETTE
 CITY-ST-ZIP 19840 N.E. 10TH AVENUE
 MIAMI FL 33179

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(954) 921-9025

Daytime Phone #

CR2E034 (9/99)