

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098546

1. Entity Name

S & D MEDICAL CENTER, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90006 049 ***150.00

Principal Place of Business

Mailing Address

~~4141 S.W. 74TH COURT~~
MIAMI FL 33155

~~4141 S.W. 74TH COURT~~
MIAMI FL 33155-4423

2. Principal Place of Business

3. Mailing Address

4143 S.W. 74th COURT

4143 S.W. 74th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE A

STE A

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33155

U.S.A.

33155

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961236

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

DIAZ, DANIEL

4141 S.W. 74TH COURT
MIAMI FL 33155

Name

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

4143 S.W. 74th COURT

City

MIAMI

FL

Zip Code

33155

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/5/2000

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 DIAZ, DANIEL
STREET ADDRESS 4141 S.W. 74TH COURT
CITY-ST-ZIP MIAMI FL 33155

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4143 S.W. 74th Ct
CITY-ST-ZIP MIAMI, FL. 33155

TITLE ☒ Delete
NAME DIAZ, DANIEL
STREET ADDRESS 4141 S.W. 74TH COURT
CITY-ST-ZIP MIAMI FL 33155

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VICE-PRESIDENT
STREET ADDRESS OFELIA TUYA
CITY-ST-ZIP 4143 S.W. 74th Ct
MIAMI, FL. 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 (305) 265-8010
Date Daytime Phone #

CR2E034 (9/99)