

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107487

1. Entity Name
CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC.

Principal Place of Business Mailing Address
4148 W 12TH AVE 4148 W 12TH AVE
HIALEAH FL 33012 HIALEAH FL 33012

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0968674 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURTADO, ALFONSO
765 EAST 6 STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent
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 *Dr. Alfonso Hurtado* DR. ALFONSO HURTADO 10-26-01
Signature, typed or printed name of registered agent and not 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE P SBT
NAME HURTADO, ALFONSO
STREET ADDRESS 765 EAST 6 STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE S
NAME GARAY, LINCOLN A MD
STREET ADDRESS 4148 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE T
NAME SANTANA, IRAIDA I MD
STREET ADDRESS 4148 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Dr. Alfonso Hurtado* DR. ALFONSO HURTADO 10-26-01 305-828-1000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

01 OCT 30 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

REINSTATEMENT 2001

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****750.00 ****750.00