

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S31584****1. Entity Name**  
**ALLSTATE MEDICAL CENTER, INC.****FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90092 027 \*\*\*550.00

**Principal Place of Business**213 E SHERIDAN ST  
DANIA FL 33004  
US**Mailing Address**213 E SHERIDAN ST  
DANIA FL 33004  
US**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****Zip****Country****City & State****Zip****Country****4. FEI Number** 65-0245996**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**COLEMAN, IRA  
201 S BISCAYNE BLVD  
22ND FLOOR  
MIAMI FL 33131**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**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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**

<b>TITLE</b>	<b>PDT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GREEN, ROBERT</b>	
<b>STREET ADDRESS</b>	<b>213 E SHERIDAN ST</b>	
<b>CITY-ST-ZIP</b>	<b>DANIA FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #

7/29/00

954 218 0022