

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31584

1. Entity Name

ALLSTATE MEDICAL CENTER, INC.

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90043 036 ***150.00

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

5000 Hollywood Blvd.
Suite #5

3. Mailing Address

5000 Hollywood Blvd.
Suite #5

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

US

Zip

33021

Country

US



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

COLEMAN, IRA
201 S BISCAYNE BLVD
22ND FLOOR
MIAMI FL 33131

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
GREEN, ROBERT
213 E SHERIDAN ST
DANIA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000 Hollywood Blvd Suite #5
Hollywood, FL 33021

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/2001 9549625450

CR2E034 (10/00)