

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S72876

1. Corporation Name  
UNION MEDICAL CENTER, INC.

Principal Place of Business  
3115 WEST 4TH AVENUE  
HIALEAH FL 33012

Mailing Address  
3115 WEST 4TH AVENUE  
HIALEAH FL 33012

FILED

99 SEP -7 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4/29/99 90584 036 \$150.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1991

4. FEI Number

65-0292709

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANZ, NATALIA  
3289 SW 25 ST  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Nat Naccarato

82 Street Address (P.O. Box Number is Not Acceptable)  
10717 S W 104 Street

83

84 City Miami FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Nat Naccarato

2-14-1999

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

(NOTE: Registered Agent signature required when retaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SANZ, LUIS A (please include middle initial)  
STREET ADDRESS 3890 NW 3 ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, changed, with an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A Sanz 3-15-1999 (305) 598-2276

Date

Daytime Phone #

0126005

CR2E034 (1/98)

KE