... BUSINESS REPORT (UBR)

S72876

..._DICAL CENTER, INC.

FILED May 22, 2000 8:00 am Secretary of State 05-22-2000 90013 018 ***150.00

ALEAH FL 20012 HALEAH FL 20012-5307 Z. Pincipsel Place of Business Suite. Apt. 4. etc. Suite. Apt. 4. Et Number 65-0292709 Applied For Not Applied For Read Required For Read Regulation For Read Registered Agent For Read Reg													
### HALEAH FL 2012	Principal Plac	e of Business		Mailing Address	Mailing Address								
Suite													
Suite Applied For Applie					"		_						
City & State City & State City & State Country Countr	2. Principal P	Place of Busine	;88	3. Mailing Address	3. Mailing Address								
Action A	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS	S SPACE		
SIGNATURE Spraws, typed or production of vibrated agent and elects to do so. (See refer to back) Signature a	City & State	е		City & State	City & State			4. FEI Number 65-0292709				·	
Name Name Street Address (PO. Box Number is Not Acceptable) 10.711 s.W 104TH STREET MIAMI FL 33176 CHANGE ADDRESS!	Zip Country			Zip	Zip Country								
NACCARATO, NAT 10717 SW 104TH STREET MIAMI FL 33176 CHANGE ADDRESS!! City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax sting requirement and electe to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax sting requirement and electe to do so. (See criteria on back) 16. Election Campaign Financing Added to Fiess 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NWE SIRET ADDRESS CITY-ST-2P TILE ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NWE SIRET ADDRESS CITY-ST-2P TILE ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NWE SIRET ADDRESS CITY-ST-2P TILE ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NWE SIRET ADDRESS CITY-ST-2P TILE ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE ORDITIONS CHANGES		6. Name	and Address of Curren	t Registered Agent	egistered Agent			7. Name and Address of New Registered Ag				gent	
10717 SW 104TH STREET MIAMI FL 33176 CHANGE ADDRESS!! City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its intangible Tax killing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE SANZ, LUIS A STREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE						Name				-	-	-	
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 translation Signa	1071	7 SW 104TI		F 10-00									
3. 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	MIAN	#I FL 33176	CH <i>I</i>	ANGE ADDRES	S!!								
SIGNATURE 9. This corporation is eligible to satisfy its Intangible (See critical on back) 11.						City				F	Zip Cod	e	
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE NAME SARZ, LUIS A 3890 NW 3 ST CITY-51-2IP TITLE NAME SIRRET ADDRESS CITY-51-2IP TITLE NAME SIRRET AD	8. The above	named entity	submits this statement	for the purpose of changin	g its registere	ed office or regis	tered ag	ent, or both,	in the State of F	lorida.	•		
9. This corporation is elligible to satisfy its intangible (ROTE Registered Agent signature required when reintables) 9. This corporation is elligible to satisfy its intangible (See criteria on back) 10. Election Campaign Financing (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SANZ, LUIS A 3890 NW 3 ST GITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete SIRRET ADDRESS CITY-ST-ZIP TITLE Delete SIRRET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE Delete SIRRET ADDRESS CITY-ST-ZIP TITLE SIRRET ADDRESS CITY-ST-ZIP TITLE SIRRET ADDRESS CITY-ST-ZIP TITLE Delete SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP TITLE Delete SIRRET ADDRESS CITY-ST-ZIP TITLE Delete SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP Delete SIRRET ADDRESS SIRR													
STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE SIRRET ADDRESS CITY-ST-ZIP SIRRET	SIGNATURE .	Signature typed o	or printed name of registered ager	nt and title if applicable	(NOTE, Registere	d Agent signature requ	ired when re	einstating)		DATÉ			
Tax filing requirement and elects to do so (See oriteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See oriteria on back) After MAY 1, 2000 May be check Payable to Department of State Trust Fund Contribution. Added to Fees (See oriteria on back) Additionally Ad	•					· · · · · · · · · · · · · · · · · · ·		T					
TITLE NAME SARY, LUIS A 3890 NW 3 ST OTTY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELET ADDRESS CITY-	Tax filing r	requirement a	nd elects to do so.	After MAY 1	After MAY 1, 2000 Fee will be \$550.00			1		_			
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	11.		OFFICERS ANI	D DIRECTORS	12.		AD	DITIONS/CH	HANGES TO OF	FICERS AN	ND DIRECTOR	\$ IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CTANGES CITY-ST-ZIP CTA	TITLE	1		☐ Defete	TITLE	:					☐ Change	☐ Addition	
CITY-ST-ZIP MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM						· I							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		1	3 81										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			☐ Delete	TITLE						☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME		•										
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS												CT saautaa	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete		ı				= ~ .		Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	-	-	-		ı							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					B								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			Delete	TITLE	: -		*			☐ Change	Addition	
CITY-ST-ZIP					NAM	E							
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS					ı							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS	TITLE			☐ Delete	a						Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS													
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS													
NAME STREET ADDRESS STREET ADDRESS		-		☐ ∩elete							Change	Addition	
STREET ADDRESS STREET ADDRESS				□ Detete		ŀ						_	
CITY-ST-ZIP] .			STRE	ET ADDRESS							
	CITY-ST. SIP	`			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 eath; that I am an officer or director	13. I hereby	certify that the	information supplied wi	th this filing does not quali	fy for the exe	mption stated in	Section	119.07(3)(i),	Florida Statutes	. I further c	ertify that the i	nformation	

4-29-2000

(305) 598-2276

Daytume Phone #