

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90069 049 ***150.00

0141937 AV

DOCUMENT # S82250

1. Entity Name
HIALEAH MEDICAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~8200 N.W. 103 STREET~~
~~#20~~
~~HIALEAH GARDENS FL 33016~~
~~US~~

~~8200 N.W. 103 STREET~~
~~#20~~
~~HIALEAH GARDENS FL 33016~~
~~US~~

2. Principal Place of Business

3. Mailing Address

8074 N.W. 103 ST

8074 N.W. 103 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

#20

City & State
HIALEAH GARDENS, FL

City & State
HIALEAH GARDENS, FL

Zip
33016

Country
USA

Zip
33016

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0291876

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

GONZALEZ, HEIDI
7200 N OAKMONT DRIVE
MIAMI FL 33015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, HEIDI	
STREET ADDRESS	7200 N OAK MONT DR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (300)
 Date Daytime Phone # **826-1307**

CR2E034 (9/01)