

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90136 015 \*\*\*150.00

FD-304 (02)

**DOCUMENT # V00261**  
 1. Entity Name  
**KENDALE LAKES MEDICAL CENTER, INC.**

Principal Place of Business <b>13500 S.W. 88TH STREET          STE 180          MIAMI FL 33186          US</b>	Mailing Address <b>13500 SW 88TH STREET          STE 180          MIAMI FL 33186          US</b>
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**B0084930**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13550 S.W. 88th ST.          Suite, Apt. #, etc.          STE. 180</b>	3. Mailing Address <b>13550 S.W. 88th ST.          Suite, Apt. #, etc.          STE. 180</b>
City & State <b>MIAMI, FL.</b>	City & State <b>MIAMI, FL.</b>
Zip <b>33186</b>	Country <b>USA</b>

4. FEI Number <b>65-0306309</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**LOWENHAUPT, KENNETH J.  
 5600 SW 135TH AVENUE  
 SUITE 200  
 MIAMI FL 33183**

7. Name and Address of New Registered Agent  
 Name  
**MICHAEL GREGORIAN, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13550 S.W. 88th ST., SUITE 180**  
 City  
**MIAMI** FL Zip Code  
**33186**

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 **04/18/02**  
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.   
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGORIAN, MICHAEL 13857 S. DIXIE HIGHWAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREGORIAN, MICHAEL 13857 S. DIXIE HIGHWAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13550 S.W. 88th ST., STE. 180          MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13550 S.W. 88th ST., STE. 180          MIAMI, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE **04/18/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)