

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # V04300

1. Entity Name

GOAL MEDICAL CENTER, INC.

02 DEC 11 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7815 CORAL WAY

3. Mailing Address  
7815 CORAL WAY

Suite, Apt. #, etc.  
107

Suite, Apt. #, etc.  
107

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0304184

Applied For  
Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ~~PELAYO O. RUBIDO~~ Carmen Vazquez

Street Address (P.O. Box Number is Not Acceptable)

7815 CORAL WAY, STE. 107

City MIAMI

FL Zip Code  
33155

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
~~PRESIDENT~~  
~~PELAYO O. RUBIDO~~  
7815 CORAL WAY, STE. 107, MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Carmen Vazquez  
7815 Coral Way #107  
Miami FL 33155  
900009471519  
12/11/02--01060--002 \*\*70.00

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)