

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90056 011 ****61.25

DOCUMENT # 720565

1. Entity Name

MEMORIAL CIRCLE MEDICAL CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ASSOCIATION INC ~~(C/O DEBRA W. DEARMAS)~~
~~SUITE A~~ 500 MEMORIAL CIRCLE *Ste E2*
ORMOND BEACH FL 32174-5094

ASSOCIATION INC ~~(C/O DEBRA W. DEARMAS)~~
~~SUITE A~~ 500 MEMORIAL CIRCLE *Ste E2*
ORMOND BEACH FL 32174-5094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1424865

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

DEARMAS, C. ROBERT, JR.
500 MEMORIAL CIRCLE STE *A E2*
ORMOND BEACH FL 32074

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DEARMAS, ROBERT C**
STREET ADDRESS **500 MEMORIAL CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CARBONELL, OSCAR F**
STREET ADDRESS **500 MEMORIAL CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MONSOUR, F J MD**
STREET ADDRESS **500 MEMORIAL CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, 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 #

1/22/01

904-673-8040

CR2E037 (10/00)