

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90152 001 \*1,685.00

12091



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 733733**

1. Entity Name

**MID-COUNTY MEDICAL CENTER, INC.**

Principal Place of Business <b>8190 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33411 US</b>	Mailing Address <b>901 45TH STREET WEST PALM BEACH FL 33407-2413 US</b>
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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 <b>59-1810868</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LARCOMBE, VALERIE G**  
**1309 N FLAGLER DR**  
**WEST PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

Name **Valerie G. Larcombe, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**Akerman Senterfitt**  
**777 S. Flagler Drive, Suite 900E**

City **West Palm Beach** FL Zip Code **33401**

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 **Valerie G. Larcombe** 4/27/00

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LARCOMBE, VALERIE G</b> <b>901 45TH STREET</b> <b>WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>THOMAS MCCLOSKEY</b> <b>901 45TH STREET</b> <b>WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DUTCHER, PHIL</b> <b>901 45TH STREET</b> <b>WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NASK, FRANK</b> <b>901 45TH STREET</b> <b>WEST PALM BEACH FL 33407</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<b>PD</b> Steven Nathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>901 45th Street</b> <b>West Palm Beach, FL 33407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Michael Loscalzo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>901 45th Street</b> <b>West Palm Beach, FL 33407</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

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: **STEVEN NATHAN** REQUIRED **Steven Nathan 4/27/00 561-650-6201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President and CEO** Daytime Phone #

CR2E037 (9/99)