

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90023 001 \*\*\*150.00

**DOCUMENT # H88352**

1. Entity Name

**PANAMA CITY HEALTH CARE CENTER, INC.**

Principal Place of Business

2100 JENKS AVENUE  
 P. O. BOX 16508  
 PANAMA CITY FL 32405

Mailing Address

C/O 1500 MIAMI CENTER  
 201 S. BISCAYNE BLVD  
 MIAMI FL 33131-4332  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2598053**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROBENALT, JOHN F.**  
**650 N. TAMiami TRAIL**  
**OSPREY FL 34229**

7. Name and Address of New Registered Agent

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>ROBENALT, JOHN</b>	NAME	
STREET ADDRESS	<b>2440 TAMiami TRAIL N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b> <b>FRIEDBAUER, ROGER</b>	NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS</b> <b>BRAMER, MARLENE</b>	NAME	
STREET ADDRESS	<b>201 S BISCAYNE BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b> <b>LUZIER, THOMAS</b>	NAME	
STREET ADDRESS	<b>2440 TAMiami TRAIL N</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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/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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roger Friedbauer, VP*

Date

*4/14/00*

Daytime Phone #

*(305) 358-6300*

CR2E034 (9/99)