

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90221 027 \*\*\*150.00

0153285

**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  
 US**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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

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

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

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, 2001 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBENALT, JOHN</b>	
STREET ADDRESS	<b>2440 TAMiami TRAIL N</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDBAUER, ROGER</b>	
STREET ADDRESS	<b>201 S BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BRAMER, MARLENE</b>	
STREET ADDRESS	<b>201 S BISCAYNE BLVD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<del><b>S</b></del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>LUZIER, THOMAS</b></del>	
STREET ADDRESS	<del><b>2440 TAMiami TRAIL N</b></del>	
CITY-ST-ZIP	<del><b>NOKOMIS FL</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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: \_\_\_\_\_ (305) 379-9104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Roger Friedbauer, Vice Pres.** Daytime Phone #

CR2E034 (10/00)