

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90083 008 ***150.00

DOCUMENT # L92215

1. Entity Name
COLUMBIA REGIONAL MEDICAL CENTER BAYONET POINT V

Principal Place of Business 14000 FIVAY RD HUDSON FL 34667-7103	Mailing Address 14000 FIVAY RD HUDSON FL 34667-7103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-3043544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RICE, THOMAS
 14000 FIVAY ROAD
 HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RICE, THOMAS	14000 FIVAY ROAD	HUDSON FL	<input type="checkbox"/>
D	HYRES, CHRIS	14000 FIVAY RD.	HUDSON FL	<input type="checkbox"/>
VP	PETERSON, GLORIA	14000 FIVAY ROAD	HUDSON FL	<input type="checkbox"/>
P	MARTIN, WILLIAM	1400 FIVAY RD.	HUDSON FL	<input type="checkbox"/>
S	DURAND, KAY	1400 FIVAY RD.	HUDSON FL	<input type="checkbox"/>
T	SURACE, BLANCHE	14000 FIVAY RD.	HUDSON FL	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Treasurer	Potts, Connie	6535 Corvette Dr., Apt. 3714	Port Richey, FL 34668	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: _____ **REQUIRED** 1/18/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)