2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N98000004562** Apr 24, 2000 8:00 am 1. Entity Name Secretary of State THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC. 04-24-2000 90054 050 ****77.00 Principal Place of Business Mailing Address 1400 US HWY 441 NORTH SUITE 980 530 1400 US HWY 441 NORTH SUITE 980 530 * THE VILLAGES FL 32159-8957 THE VILLAGES FL 32159 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>suite</u> Juite Applied For 4. FEI Number City & State City & State 59-3527036 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROY, STEVEN M ESQ. MCLIN, BURNSED, MORRISON, JOHNSON, ET AL 1100 MAIN ST., STE. 211 Zip Code City THE VILLAGES FL 32159 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE TITLE X Delete D H. Gary Morse UPTON, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 1100 Main Street 1400 US HWY 441 NORTH STE 930 CITY-ST-ZIP CITY-ST-ZIP The Villages, FL 32159 THE VILLAGES FL 32159 Change Addition Addition 🗱 Delete TITLE TITLE D D NAME MORSE, SHARON NAME Dewey Burnsed STREET ADDRESS 32159 STREET ADDRESS 1100 MAIN STREET P.O. Box 1299 The Villages, FL CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32159 Change X Delete TITLE -TITLE wise, John NAME NAME Mark Morse STREET ADDRESS STREET ADDRESS 1100 MAIN STREET 1100 Main Street The Villages, CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32159 Addition Change TITLE Delete DRAKE, STEVEN NAME NAME Richard Wooten STREET ADDRESS STREET ADDRESS 1100 MAIN STREET 600 East Dixie Avenue CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32159 Leesburg, FL 34748-Change Addition TITLE X Delete TITLE KILLINGSWORTH, MIKE NAME NAME Shannon Elswick 903 AVENIDA CENTRAL, CITIZENS FIRST BANK STREET ADDRESS STREET ADDRESS P.O. Box 121277 Crermont, FEL 34712 CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32159 ☐ Change ☐ Addition X Delete TITLE TITLE NAME WAGGONER, DON NAME STREET ADDRESS STREET ADDRESS 557 CARRERA DRIVE CITY-ST-ZIP CITY-ST-ZIP THE VILLAGES FL 32159

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 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 discretized on 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TOP OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4-17-00

352-753-6900