

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90059 032 ****61.25

DOCUMENT # N98000004562

1. Entity Name

THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

1400 US HWY 441 NORTH
 SUITE 530
 THE VILLAGES FL 32159

1400 US HWY 441 NORTH
 SUITE 530
 THE VILLAGES FL 32159

2. Principal Place of Business

1451 EL CAMINO REAL

3. Mailing Address

1451 EL CAMINO REAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ACCOUNTS PAYABLE

City & State

THE VILLAGES, FL

City & State

THE VILLAGES, FL

Zip

32159

Country

USA

Zip

32159

Country

USA

4. FEI Number

59-3527036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPTON, TERRY R
1400 US HWY 441 N STE 930
THE VILLAGES FL 32159

7. Name and Address of New Registered Agent

Name **UPTON, TERRY R.**

Street Address (P.O. Box Number is Not Acceptable)

1451 EL CAMINO REAL

City **THE VILLAGES**

FL

Zip Code **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)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, GARY H	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNSED, DEWEY	
STREET ADDRESS	P.O. BOX 1299	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORSE, MARK	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	THE VILLAGES FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN, RICHARD	
STREET ADDRESS	600 EAST DIXIE AVENUE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSWICK, SHANNON	
STREET ADDRESS	P.O. BOX 121277	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Terry R. Upton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 DATE

Daytime Phone #

CR2E037 (9/01)