

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

0127313 AT

08-06-2001 90072 023 \*\*\*550.00

**DOCUMENT # P98000038560**  
 1. Entity Name  
**HOPE MEDICAL CENTER, INC.**

Principal Place of Business      Mailing Address  
**5611 WEST GULF TO LAKE HWY**      **5611 WEST GULF TO LAKE HWY**  
**CRYSTAL RIVER FL 34429**      **CRYSTAL RIVER FL 34429**

2. Principal Place of Business      3. Mailing Address  
**1409 E Silver Springs Blvd**      **PO Box 4740**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**OCALA FL**      **OCALA FL**  
 Zip      Country      Zip      Country  
**34470 USA**      **34478 USA**

4. FEI Number      Applied For  
**59-3609388**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CARRASCAL, IRIS**  
**2480 S W 87TH PLACE**  
**OCALA FL 34476**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HACKETT, DARREL R 601 KETTNER CT. ST. AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Darrel R Hackett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (5/01)