

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000066490**

1. Entity Name

SUNSHINE MEDICAL CENTER OF DESTIN, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90304 003 ***150.00

0030957

Principal Place of Business

Mailing Address

**109 MELVIN ST
DESTIN FL 32540
US****350 BLUE MOUNTAIN BEACH
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

350 BLUE MTN. BEACH RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

City & State

Zip

32459

Country

WALTON

Zip

Country

4. FEI Number

59-3551701

Applied For

Not Applicable

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

**MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541**

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

Signature, typed or printed name of registered agent and title, if applicable.

(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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	ALDRETE, J ANTONIO	350 BLUE MTN BCH RD SANTA ROSA BCH FL 32459	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	D	ALDRETE, VALENTINA	350 BLUE MTN BCH RD SANTA ROSA BCH FL 32459	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)