

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103553

1. Entity Name

CHRISTIAN HOSPITAL SRO DEVELOPMENT, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90059 021 \*\*\*158.75

Principal Place of Business

600 BRICKELL AVE., STE. 502  
MIAMI FL 33131

Mailing Address

600 BRICKELL AVE., STE. 502  
MIAMI FL 33131-2540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0880565

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C  
701 BRICKELL AVE.  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CORDELLA INGRAM

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

600 BRICKELL AVENUE

SUITE 502

City

MIAMI

FL

Zip Code 33131

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

*CordeLLa Ingram*  
Signature, typed or printed name of registered agent and title (applicable).

CORDELLA INGRAM, PRESIDENT

(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, 2000 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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS INGRAM, CORDELLA  
CITY-ST-ZIP 600 BRICKELL AVE STE 502  
MIAMI FL 33131

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS MARTIN, EARNEST  
CITY-ST-ZIP 600 BRICKELL AVE STE 502  
MIAMI FL 33131

TITLE ☐ Delete  
NAME T  
STREET ADDRESS WHITE, JOHN  
CITY-ST-ZIP 600 BRICKELL AVE STE 502  
MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*CordeLLa Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORDELLA INGRAM

04/04/00

Date

(305) 374-8779

Daytime Phone #