

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003298

1. Entity Name

ORNDA HEALTHCORP OF FLORIDA, INC.

FILED

00 APR 17 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3820 STATE STREET  
SANTA BARBARA CA 93105

% MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105-3112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 95-3791901

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BERGENFELD, JOEL  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 3040 N.E. 190th St.  
STREET ADDRESS Aventura, FL 33180  
CITY-ST-ZIP

TITLE DVS  
NAME SILVER, RICHARD B  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 000003222540-1  
STREET ADDRESS -04/25/00--01025--004  
CITY-ST-ZIP \*\*\*\$150.00 \*\*\*\$150.00

TITLE EVCF  
NAME FETTER, TREVOR  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

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

TITLE VT  
NAME MCMULLEN, TERENCE P  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☒ Delete

TITLE T  
NAME Dennis L. Dent  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105 ☐ Change ☒ Addition

TITLE AS  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *Caitlin M. Larsen* Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

805/563-7075

Date

Daytime Phone #

CR2E034 (9/99)