

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

0144268 AT

**DOCUMENT # F02000000697**

1. Entity Name  
**SEMPERCARE HOSPITAL OF ORLANDO, INC.**



06-12-2003 90007 043 \*\*\*150.00  
08-11-2003 90287 038 \*\*\*550.00

Principal Place of Business  
**2745 NORTH DALLAS PARKWAY, SUITE 300  
PLANO TX 75093**

Mailing Address  
**2745 NORTH DALLAS PARKWAY, SUITE 300  
PLANO TX 75093**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>37-1426852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST LEFTON, ROBERT A 2745 NORTH DALLAS PARKWAY, SUITE 300 PLANO TX 75093</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: \_\_\_\_\_**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/4/03**

Date

Daytime Phone #

CR2E034 (4/03)



**SemperCare**

INTEGRATING A NEW LEVEL OF CARE

Attachment # 80137543  
FOI 000000627

## Memorandum

**To:** Florida Department of State

**From:** Craig Niebur

**Date:** 8/5/2003

**Re:** Uniform Business Report

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Please find attached the updated Annual Report/Uniform Business Report per your request dated June 13, 2003. At this time, I am requesting a waiver of the penalty of \$400 for untimely filing of the initial report. Although we submitted the initial payment on May 1, 2003, we did not include the applicable EIN numbers for the facility, which generated the late penalty and the request for additional information. Please feel free to contact me at (972)836.1309 if you have any additional questions. Thanks