

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 043 ****61.25

DOCUMENT # 701881

1. Entity Name

BOWLING GREEN MEDICAL CENTER INC

Principal Place of Business

**402 W MAIN ST
P.O. BOX 595
BOWLING GREEN FL 33834
US**

Mailing Address

**PO BOX 595
P.O. BOX 595
BOWLING GREEN FL 33834
US**

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

59-6139698

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

**SANDERS, CHARLES H.
402 E MAIN ST
BOWLING GREEN FL 33834**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **SANDERS, CHARLES H**
STREET ADDRESS **402 E MAIN STREET**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

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

TITLE **D** ☐ Delete
NAME **SCAFFE, NORMAN B**
STREET ADDRESS **408 E BANNA STREET**
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

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

TITLE **D** ☐ Delete
NAME **NICHOLSON, W N**
STREET ADDRESS **2973 CR 664**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

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

NAME **PARKER, JIM**
STREET ADDRESS **COUNTY LINE RD.**
CITY-ST-ZIP **BOWLING GREEN FL**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NICHOLSON, RICKEY**
STREET ADDRESS **2980 CR 664**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

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

TITLE **D** ☐ Delete
NAME **BEST, JAMES R JR**
STREET ADDRESS **1125 BILL BRYAN ROAD**
CITY-ST-ZIP **BOWLING GREEN FL 33834**

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

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 617, 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: CHARLES H. SANDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

867-773-4556

Daytime Phone #

CR2E037 (9/01)