

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90024 029 ****61.25

DOCUMENT # 704612

1. Entity Name

BOCA RATON COMMUNITY HOSPITAL, INC.

Principal Place of Business

Mailing Address

800 MEADOWS ROAD
 BOCA RATON FL 33486-2304

800 MEADOWS ROAD
 BOCA RATON FL 33486-2304

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

59-1006663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTZEIT, VONNIE LOU
BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS ROAD
BOCA RATON FL 33486

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 Delete
 NAME **CD**
ASSAF, RONALD
 STREET ADDRESS **745 MEADOWS ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
PIERCE, RANDOLPH J
 STREET ADDRESS **2639 N.W. 42 STREET**
 CITY-ST-ZIP **BOCA RATON FL 33434**

Gary Strack PD Change Addition
800 Meadows Road
Boca Raton, FL 33486

TITLE Delete
 NAME **VD**
MC GIBANY, SUSIE
 STREET ADDRESS **5592 FOX HOLLOW DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33486**

MATTHEW MOORE VD Change Addition
800 MEADOWS ROAD
BOCA RATON, FL 33486

TITLE Delete
 NAME **S**
GUTZEIT, VONNIE L
 STREET ADDRESS **2651 N.E. 26 TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 officers empowered.

SIGNATURE:

CR2E037 (9/01)