2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90002 041 ****61.25

DOCUMENT # 717065

1. Entity Name

FORT MEADE COMMUNITY HEALTH CARE INC.

NIC FEI 4/24/01

Principal Place of Business	Mailing Address
3200 HIGHWAY 17 NORTH P.O. BOX 976 FORT MEADE, FL 33841 US	P.O. BOX 976 FORT MEADE, FL 33841 US

B00058809

DO NOT WRITE IN THIS SPACE

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: 23-7070181 ☐ 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
STEDEM, MICHAEL D. 3200 HIGHWAY 17 NORTH FORT MEADE, FL 33841	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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEDEM, MICHAEL D. 3200 HIGHWAY 17 NORTH FORT MEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAMBERS, THELMA 330 N. LANIER AVE. FORTTMEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCHMAN, DONALD L. 425 N.E. 2nd STREET FORT MEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUNTER, C. WAYNE 400 N. OAK AVE. FORT MEADE, FL 33841 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ 4/24/2001 863 285 0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FORT MEADE COMMUNITY HEALTH CARE INC 08/1969
P O BOX 826
FORT MEADE, FL 33841-0826

A0064216 0356

63-526/631

4-25 DATE

PAY TO THE ORDER OF State of Fla Dept of Revenue $ 61.25

Sixty one and 25/100 DOLLARS

Security Features Details on Back.

SUNTRUST
SunTrust Bank, Mid-Florida
Fort Meade Office
Fort Meade, Florida

P. W. Smith

FOR _____ MP

⑈000356⑈ ⑆063105269⑆ 002000120014⑈

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ENDORSE HERE:

X DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAY 0 8 2001

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY*

*FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

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Chemical Sensitivity	• Colored stains or spots appear with chemical alteration
Padlock Icon	• Absence of padlock icon

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