

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 717065**

1. Entity Name

FORT MEADE COMMUNITY HEALTH CARE, INC.

Principal Place of Business

**3200 HWY 17 NORTH
P.O. BOX 976
FORT MEADE FL 33841
US**

Mailing Address

**PO BOX 976
FORT MEADE FL 33841
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

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 HWY 17 NORTH
FT 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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	STEDEM, MICHAEL D.	
STREET ADDRESS	3200 HWY 17 NORTH	
CITY-ST-ZIP	FORT MEADE FL 33841	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHAMBERS, THELMA	
STREET ADDRESS	330 N. LANIER AVE.	
CITY-ST-ZIP	FORT MEADE FL 33841	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	MARCHMAN, DONALD L.	
STREET ADDRESS	425 N.E. 2ND ST.	
CITY-ST-ZIP	FORT MEADE FL 33841	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	GUNTER C. WAYNE	
STREET ADDRESS	400 N. OAK AVE.	
CITY-ST-ZIP	FORT MEADE FL 33841	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)