

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721196

1. Entity Name

FLORIDA LEAGUE OF HEALTH SYSTEMS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90246 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

301 S. BRONOUGH ST  
STE 210  
TALLAHASSEE FL 32301  
US

301 S. BRONOUGH ST  
STE 210  
TALLAHASSEE FL 32301-1722  
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

59-1647436

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

GLATFELTER, RALPH  
301 S. BRONOUGH ST  
STE 210  
TALLAHASSEE FL 32301

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 D ☐ Delete  
NAME STEIGMAN, DON  
STREET ADDRESS 500 W. CYPRESS CREEK RD., SUITE 370  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE CED ☒ Delete  
NAME DENARVAEZ, DENNY  
STREET ADDRESS 5000 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE SD ☐ Change ☒ Addition  
NAME Hall, Chuck  
STREET ADDRESS 301 East Las Olas Blvd., 4th Floor  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE CD ☐ Delete  
NAME MARQUEZ, MICHAEL  
STREET ADDRESS 206 SECOND STREET EAST  
CITY-ST-ZIP BRADENTON FL 34208

TITLE D ☒ Change ☐ Addition  
NAME Marquez, Michael  
STREET ADDRESS 206 Second Street East  
CITY-ST-ZIP Bradenton, FL 34208

TITLE VD ☐ Delete  
NAME GOLD, RICHARD  
STREET ADDRESS 21644 STATE RD 7  
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE TD ☐ Delete  
NAME SLACK, JIM  
STREET ADDRESS 1705 METROPOLITAN BLVD., STE 201  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE CD ☒ Change ☐ Addition  
NAME Slack, Jim  
STREET ADDRESS 1705 Metropolitan Blvd, Suite 201  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Miller, Dan  
STREET ADDRESS 26750 US Highway 19 North, Suite 400  
CITY-ST-ZIP Clearwater, FL 33761

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

224-9407

Daytime Phone #

CR2E037 (9/99)