

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90066 004 ****70.00

DOCUMENT # 721956

1. Entity Name

CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

730 W EMMA ST
 TAMPA FL 33603
 US

P.O. BOX 152136
 TAMPA FL 33684
 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

23-7259331

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

REED, WILLIAM S
4300 N RIVERSIDE DR.
TAMPA FL 33603

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 **THORNTON, CAROLYN**
 STREET ADDRESS **5115 LAKE LECLARE**
 CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **PD** ☐ Delete
 NAME **REED, WILLIAM S MD**
 STREET ADDRESS **4300 N RIVERSIDE DR.**
 CITY-ST-ZIP **TAMPA, FL 00000**

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

TITLE **D** ☐ Delete
 NAME **WOLFE, GENE**
 STREET ADDRESS **502 E MORRELL DR**
 CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **D** ☐ Delete
 NAME **CASTELLANO, JOSEPHINE**
 STREET ADDRESS **305 N HESPERIDES.**
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **D** ☐ Delete
 NAME **RASSMUSSEN, RONALD**
 STREET ADDRESS **12301 SUNSHINE LANE**
 CITY-ST-ZIP **TREASURE ISLAND FL**

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

TITLE **ST** ☐ Delete
 NAME **REED, KAY**
 STREET ADDRESS **4300 N RIVERSIDE DR.**
 CITY-ST-ZIP **TAMPA, FL 00000**

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: *William S. Reed M.D.*
 SIGNATURE REQUIRED

5-1-01

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CR2E037 (10/00)