

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 733733**

1. Entity Name

MID-COUNTY MEDICAL CENTER, INC.**FILED**
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

12091

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

8190 OKEECHOBEE BOULEVARD **901 45TH STREET**
WEST PALM BEACH FL 33411 **WEST PALM BEACH FL 33407-2413**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1810868

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

LARCOMBE, VALERIE G
1309 N FLAGLER DR
WEST PALM BEACH FL 33401

Name **Valerie G. Larcombe, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

Akerman Senterfitt**777 S. Flagler Drive, Suite 900E**

City

West Palm Beach**FL**Zip Code
33401

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

Valerie G. Larcombe **4/27/00****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 **S** ☐ Delete
NAME **LARCOMBE, VALERIE G**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **CD** ☐ Delete
NAME **THOMAS MCCLOSKEY**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **PD** ☐ Delete
NAME **DUTCHER, PHIL**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **PD** ☒ Change ☐ Addition
NAME **Steven Nathan**
STREET ADDRESS **901 45th Street**
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **TD** ☐ Delete
NAME **NASK, FRANK**
STREET ADDRESS **901 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **TD** ☒ Change ☐ Addition
NAME **Michael Loscalzo**
STREET ADDRESS **901 45th Street**
CITY-ST-ZIP **West Palm Beach, FL 33407**

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 like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan 4/27/00 561-650-6201**President and CEO**

Daytime Phone #

CR2E037 (9/99)