

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90571 021 ****70.00

DOCUMENT # 738049

1. Entity Name

ALACHUA HEALTH, INC.

Principal Place of Business

**4300 NW 89 BLVD
GAINESVILLE FL 32606**

Mailing Address

**4300 NW 89 BLVD
GAINESVILLE FL 32606**

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

59-1746989

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

**DEMONTMOLLIN, STEPHEN J.
4300 NW 89 BLVD
GAINESVILLE FL 32606**

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
**DC
DANIEL, C.B.
4300 NW 89 BLVD
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
MOUNGER, WILLIAM
4300 NW 89 BLVD
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANIELS, AL
4300 NW 89 BLVD
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NELL, CATHY
4300 NW 89 BLVD
GAINESVILLE FL 32606** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
TOWNSEND, WALLACE
4300 NW 89 BLVD
GAINESVILLE FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BULLARD, AUDREY
4300 NW 89 BLVD
GAINESVILLE FL 32606** ☐ Delete

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

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:

Les Rankin
Les Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

(352) 337-8706

Daytime Phone #

CR2E037 (10/00)

**Alachua Health, Inc.
Corporation #738049
(Addendum to 2001 Corporation Annual Filing)**

814280
#738049-1

AS – Delete Hughey, Philip Jan, 4300 NW 89 Blvd., Gainesville, FL 32606

AS – Add Rankin, Les C., 4300 NW 89 Blvd., Gainesville, FL 32606

AT – Add Still, Ken, 4300 NW 89 Blvd., Gainesville, FL 32606

D French, Royal, 4300 NW 89 Blvd., Gainesville, FL 32606

D Martsof, Mary, 4300 NW 89 Blvd., Gainesville, FL 32606