

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 747731**

1. Entity Name

ASSOCIATION OF COMMUNITY HOSPITALS AND HEALTH SY**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90167 030 ****61.25

Principal Place of Business

Mailing Address

306 EAST COLLEGE AVE
SUITE 808, BARNETT BANK BLDG.
TALLAHASSEE FL 32301-1558
US306 EAST COLLEGE AVE
SUITE 808, BARNETT BANK BLDG.
TALLAHASSEE FL 32301-1522
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

59-2204341

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

NESMITH, WAYNE
306 EAST COLLEGE AVE
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 \$61.259. 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	NESMITH, WAYNE	
STREET ADDRESS	306 EAST COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COVERT, MICHAEL H.	
STREET ADDRESS	1700 S. TAMiami TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STUBBLEFIELD, AL	
STREET ADDRESS	1717 NORTH "E" STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MOORE, DUNCAN	
STREET ADDRESS	1300 MICCOSUKEE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HILL, ROBERT B	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
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	STD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William D. Johnson	
STREET ADDRESS	8300 College Pkwy., Ste. 200	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Wayne Nesmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 850-222-9800

Date

Daytime Phone #

CR2E037 (9/99)