

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760774

1. Entity Name

BRADFORD HEALTH, INC.

FILED

00 FEB -3 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4300 NW 89 BLVD
GAINESVILLE FL 32606
US

Mailing Address
4300 NW 89 BLVD
GAINESVILLE FL 32606-5688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2171581

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
CARR, GLENA
4300 NW 89 BLVD
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRENCH, ROYAL
4300 NW 89 BLVD
GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEDDIE, EDWARD C
4300 NW 89 BLVD
GAINESVILLE FL 32606 ☒ Delete

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
DT
TOWNSEND, WALLACE
4300 NW 89 BLVD
GAINESVILLE FL ☐ Delete

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

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 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003128461--4
-02/08/00--01131--017
*****70.00 *****70.00 ☐ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Hughey 1/25/00 352-337-870

Date

Daytime Phone #

KE

2

Bradford Health, Inc.
Corporation #760774
(Addendum to 2000 Corporation Annual Filing)

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
- D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy 4300 NW 89 Blvd., Gainesville, FL 32606
- AS Hughey, Philip J., 4300 NW 89 Blvd., Gainesville, FL 32606