2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

06-09-2003 90117 012 ***150.00
08-11-2003 90278 018 ***550.00

DOCUMENT # F02000000698

1. Entity Name
SEMPERCARE HOSPITAL OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
2745 NORTH DALLAS PARKWAY. SUITE 300 PLANO TX 75093	2745 NORTH DALLAS PARKWAY. SUITE 300 PLANO TX 75093

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-3647406 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEFTON, ROBERT A	NAME	
STREET ADDRESS	2745 NORTH DALLAS PARKWAY, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	CITY-ST-ZIP	
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEFTON, ROBERT A	NAME	
STREET ADDRESS	2745 NORTH DALLAS PARKWAY, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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 607, 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 8/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 90149760
FD2000000698

SemperCare

INTEGRATING A NEW LEVEL OF CARE

Memorandum

To: Florida Department of State

From: Craig Niebur

Date: 8/5/2003

Re: Uniform Business Report

Please find attached the updated Annual Report/Uniform Business Report per your request dated June 13, 2003. At this time, I am requesting a waiver of the penalty of $400 for untimely filing of the initial report. Although we submitted the initial payment on May 1, 2003, we did not include the applicable EIN numbers for the facility, which generated the late penalty and the request for additional information. Please feel free to contact me at (972)836.1309 if you have any additional questions. Thanks

2745 North Dallas Parkway Suite 300 Plano TX 75093 tel 972 386 1300 fax 972 836 1333 www.sempercare.com