

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02611

1. Entity Name

EASTWOOD CLINIC, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90137 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1100 E. PARK AVE., #A  
TALLAHASSEE FL 32301

1100 E. PARK AVE., #A  
TALLAHASSEE FL 32301-2651

2. Principal Place of Business

3. Mailing Address

2880 Capital Medical Blvd

2880 Capital Medical Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32308

USA

32308

USA

4. FEI Number

59-2042921

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

ROSSELOT, GEORGE F.  
1100 E. PARK AVE., #A  
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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ROSSELOT, GEORGE F  
STREET ADDRESS 1100 E. PARK AVE., #A  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2880 Capital Medical Blvd Ste 2  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE STD ☐ Delete  
NAME ROSSELOT, SHIRLEY  
STREET ADDRESS 1100 E. PARK AVE., #A  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2880 Capital Medical Blvd Ste 2  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VD ☐ Delete  
NAME DIX, C. VINCENT  
STREET ADDRESS 1100 E. PARK AVE., #A  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 2880 Capital Medical Blvd Ste 2  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VD ☐ Delete  
NAME KAGAN, ALAN R.  
STREET ADDRESS 1100 E. PARK AVENUE #A  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 2880 Capital Medical Blvd Ste 2  
CITY-ST-ZIP Tallahassee, FL 32308

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)