

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75027

1. Entity Name

SAINT MARY'S CLINIC, INC.

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

02-13-2001 90062 025 ***150.00

Principal Place of Business

Mailing Address

% MALLORY E. HORNE

% MALLORY E. HORNE

~~RT. 1 BOX 042~~

~~RT. 1 BOX 042~~

TALLAHASSEE FL 32312

TALLAHASSEE FL 32312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12487 Meridian

12487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, FL

Tallahassee, FL

City & State

City & State

4. FEI Number 59-2891232

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

U.S.

32312

U.S.

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

HORNE, MALLORY E

~~RT. 1 BOX 042~~

TALLAHASSEE FL 32312

changed by postal service to above

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, 2001 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
NAME DEMARCO, JOHN J.
STREET ADDRESS 1840 SOUTH SHORE DR
CITY-ST-ZIP ERIE PA ☐ Delete

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

TITLE STD
NAME DEMARCO, DOROTHY H.
STREET ADDRESS 1840 SOUTH SHORE DR
CITY-ST-ZIP ERIE PA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John J. Demarco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01

Date

(814) 4598150

Daytime Phone #

CR2E034 (10/00)