

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # F92000000936**

1. Entity Name

**MORGAN HILL HEALTH CARE INVESTORS, INC.**

Principal Place of Business

**143 NORTH LANE**

Mailing Address

**P.O. BOX 550****OSPNEY**  
**34229****US****FL****OSPNEY**  
**34229****US****FL**

2. Principal Place of Business

**887 MACEWEN DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**OSPNEY****FL**

City &amp; State

**OSPNEY****Zip**  
**34229****Country**  
**US****Zip**  
**34229****Country**  
**US**

4. FEI Number

**95-4395740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ROBENALT JOHN F.**  
**143 NORTH LANE****OSPNEY**  
**34229****FL**

## 7. Name and Address of New Registered Agent

Name

**ROBENALT JOHN F.**

Street Address (P.O. Box Number is Not Acceptable)

**887 MACEWEN DRIVE**

City

**OSPNEY****FL**Zip Code  
**34229**

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)

**04/27/2000**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD**  
**ROBENALT JOHN F**  
**143 NORTH LANE**  
**OSPNEY FL 34229** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**LUZIER THOMAS B.**  
**143 NORTH LANE**  
**OSPNEY FL 34229** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD**  
**ROBENALT JOHN F**  
**887 MACEWEN DRIVE**  
**OSPNEY FL 34229** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**LUZIER THOMAS B.**  
**887 MACEWEN DRIVE**  
**OSPNEY FL 34229** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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

04/27/2000