

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F92000000936**1. Entity Name  
**MORGAN HILL HEALTH CARE INVESTORS, INC.**Principal Place of Business  
887 MACEWEN DRIVE  
OSPREY FL 34229 US  
Mailing Address  
P.O. BOX 550  
OSPREY FL 34229 US2. Principal Place of Business  
333 SOUTH TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 283

Suite, Apt. #, etc.

City & State  
VENICE FL

City &amp; State

Zip  
34285Country  
US

Zip

Country

4. FEI Number  
**95-4395740**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ROBENALT JOHN F.**  
887 MACEWEN DRIVE

OSPREY FL 34229

Name  
**ROBENALT JOHN F.**Street Address (P.O. Box Number is Not Acceptable)  
333 SOUTH TAMiami TRAIL

SUITE 283

City  
VENICE FL Zip Code  
34285

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 \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
ROBENALT JOHN F. ☐ Delete  
887 MACEWEN DRIVE  
OSPREY FL 34229TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
ROBENALT JOHN F. ☒ Change ☐ Addition  
333 SOUTH TAMiami TRAIL, SUITE 283  
VENICE FL 34285TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
LUZIER THOMAS B. ☐ Delete  
887 MACEWEN DRIVE  
OSPREY FL 34229TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
BRUFFEY CHARLES ☒ Change ☐ Addition  
333 SOUTH TAMiami TRAIL, SUITE 283  
VENICE FL 34285TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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 F. Robenalt**

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04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)