

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90306 019 ***150.00

0562869 AV

DOCUMENT # F92000000936

1. Entity Name

MORGAN HILL HEALTH CARE INVESTORS, INC.



Principal Place of Business

333 SOUTH TAMiami TRAIL

SUITE 283

VENICE FL 34285

US

Mailing Address

P.O. BOX 550

OSPREY FL 34229

US



2. Principal Place of Business

505 VELASQUEZ DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

95-4395740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBENALT, JOHN F.

333 SOUTH TAMiami TRAIL

SUITE 283

VENICE FL 34285

7. Name and Address of New Registered Agent

Name

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

505 VELASQUEZ DR

City

OSPREY

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. 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

4/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE	VS	<input type="checkbox"/> Delete
NAME	BRUFFEY, CHARLES	
STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 283	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	ROBENALT, JOHN F	
STREET ADDRESS	333 SOUTH TAMiami TRAIL, SUITE 283	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1935 WHARF Rd	
CITY-ST-ZIP	CARLETON, CA 91010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	505 VELASQUEZ DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4/28/03 944 7755

CR2E034 (10/02)