

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000455

1. Entity Name

VENTURES HEALTHCARE OF GAINESVILLE, INC.

Principal Place of Business

3401 WEST END AVENUE, STE 400
NASHVILLE TN 37203

Mailing Address

3401 WEST END AVENUE, STE 400
NASHVILLE TN 37203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1724586

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

Name

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

City

FL

Zip Code

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301

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 **S** ☐ Delete
NAME **EDMUNDS, JOHN**
STREET ADDRESS **3401 WEST END AVE STE 400**
CITY-ST-ZIP **NASHVILLE TN**

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

TITLE **CD** ☐ Delete
NAME **BALLARD, WILLIAM J**
STREET ADDRESS **3401 W END AVE STE 400**
CITY-ST-ZIP **NASHVILLE TN**

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

TITLE **VP** ☒ Delete
NAME **SMITH, AL**
STREET ADDRESS **3401 W END AVE STE 400**
CITY-ST-ZIP **NASHVILLE TN**

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

TITLE **T** ☐ Delete
NAME **WHITFIELD, DONALD B**
STREET ADDRESS **3401 W END AVE STE 400**
CITY-ST-ZIP **NASHVILLE TN**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **See Attached**
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

4/26/01
Date

615-250-0000
Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

Attachment
DH# F9800000455
B0048428

Fed. ID # 62-1724586

Entity Number F98000000455

Ventures Healthcare of Gainesville, Inc.
Directors

William J. Ballard
3401 West End Avenue, Suite 400
Nashville, TN 37203

Donald B. Whitfield
3401 West End Avenue, Suite 400
Nashville, TN 37203

Officers

William J. Ballard – Chairman & President
3401 West End Avenue, Suite 400
Nashville, TN 37203

John C. Edmunds – Secretary
3401 West End Avenue, Suite 400
Nashville, TN 37203

Donald B. Whitfield – Treasurer
3401 West End Avenue, Suite 400
Nashville, TN 37203

Barbara Dalton – VP
3401 West End Avenue, Suite 400
Nashville, TN 37203