

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004254

1. Entity Name

ST. BARNABAS HOSPITAL, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90009 011 \*\*\*\*61.25

Principal Place of Business

THIRD AVENUE AND 183RD STREETS  
BRONX NY 11457

Mailing Address

THIRD AVENUE AND 183RD STREETS  
BRONX NY 11457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

10457

Country

Zip

10457

Country

4. FEI Number

13-1740122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GADE, RONALD M.D. ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREET  
CITY-ST-ZIP BRONX NY 11457

TITLE VT  
NAME MAHER, JOHN ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREETS  
CITY-ST-ZIP BRONX NY 11457

TITLE CD  
NAME WRIGHT, VICTOR ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREETS  
CITY-ST-ZIP BRONX NY 11457

TITLE D  
NAME BARONE, JOHN A HON. ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREETS  
CITY-ST-ZIP BRONX NY 11457

TITLE D  
NAME BARTLETT, ELIZABETH ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREETS  
CITY-ST-ZIP BRONX NY 11457

TITLE D  
NAME CUSHMAN, PAUL ☐ Delete  
STREET ADDRESS THIRD AVENUE AND 183RD STREETS  
CITY-ST-ZIP BRONX NY 11457

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bronx, N.Y. 10457

TITLE VT ☒ Change ☐ Addition  
NAME Michael Bruno  
STREET ADDRESS Third Avenue & 183rd Street  
CITY-ST-ZIP Bronx, New York 10457

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bronx, New York 10457

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bronx, New York 10457

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bronx, New York 10457

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Bronx, New York 10457

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 617, 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:

*Michael Bruno* MICHAEL BRUNO, C.F.O., Finance 8/04/00 718-960-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)