

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95063

1. Entity Name

RJ HEALTH PROPERTIES, INC.

Principal Place of Business

880 CARILLON PARKWAY
P O BOX 12749
ST. PETERSBURG FL 33733-2749

Mailing Address

880 CARILLON PARKWAY
P O BOX 12749
ST. PETERSBURG FL 33733-2749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHALEY, FRED E.
880 CARILLON PARKWAY.
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name

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

City

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's 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

TITLE	PD	☐ Delete
NAME	WHALEY, FRED E.	
STREET ADDRESS	880 CARILLON PARKWAY.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	☐ Delete
NAME	MOSBY, J. DAVENPORT III	
STREET ADDRESS	880 CARILLON PARKWAY.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AS	☐ Delete
NAME	GRACE, PALSHA	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	Sandra G. Bell	
STREET ADDRESS	880 Carillon Pkwy	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		☐ Change ☐ Addition
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:

J. Davenport Mosby, III

J. Davenport Mosby, III Director

(727) 573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90313 025 ***150.00

00041473



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2637862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0524857