

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 025 ***158.75

PROF72 AV

DOCUMENT # J22384

1. Entity Name
VENTURE HEALTH CARE CORPORATION



Principal Place of Business
**600 E. DIXIE AVENUE
LEESBURG FL 34748**

Mailing Address
**600 E. DIXIE AVENUE
LEESBURG FL 34748**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2689702**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBUCK, JR., H.D., ESQUIRE
610 EAST MAIN STREET
LEESBURG FL 34748**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	WOOTEN, RICHARD L	
STREET ADDRESS	600 E DIXIE AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MEADE, ROBERT T M.D.	
STREET ADDRESS	801 E. DIXIE AVE. STE. A-107	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MCCONNELL, R. PATTON	
STREET ADDRESS	6640 WOODY COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELSWICK, SHANNON	
STREET ADDRESS	1097 E. JACKS ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
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		
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSWICK, SHANNON	
STREET ADDRESS	1097 E. JACKS RD	
CITY-ST-ZIP	CLERMONT FL 34711	
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: *R. PATTON* **R. PATTON MCCONNELL** 2-12-03 352-3225002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)