

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34159

1. Entity Name

FLORIDA HEALTH, INC.

Principal Place of Business

3030 N. ROCKY POINT DR. W., #750  
TAMPA FL 33607

Mailing Address

3030 N. ROCKY POINT DR. W., #750  
TAMPA FL 33607-5907

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

59-2725066

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

LAWRENCE, LEE  
3030 N. ROCKY PT. DR. W., #750  
TAMPA FL 33607

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	STD STEIN, NORMAN V 3100 E FLETCHER AVENUE TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REES, RON R. 1041 DUNLTON AVENUE, SUITE 250 PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MEANS, MICHAEL D. 8247 DEVEREUX DR, #103 MELBOURNE FL 32940-7955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, LEE 3030 N ROCKY POINT DR WEST, #750 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLENMEYER, JOHN 1414 KUHLE AVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, RONALD V 615 N BONITA AVENUE PANAMA CITY FL 32401	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90172 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**FHI, Inc. Board of Directors**

134159 / 00087091

**Chairman**

Ron R. Rees  
President & CEO  
HALIFAX COMMUNITY HEALTH SYSTEM  
1041 Dunlawton Avenue - #250  
Port Orange, FL 32127  
Phone (904) 322-4771  
FAX (904) 322-4772

**Vice Chairman**

Michael D. Means  
President/CEO  
HEALTH FIRST, INC.  
8249 Devereux Drive  
Melbourne, FL 32940-7955  
Phone (407) 953-5650  
FAX

**President**

Lee Lawrence  
President  
VHA OF FLORIDA, INC.  
3030 North Rocky Point Drive West - #750  
Tampa, FL 33607  
Phone (813) 281-1080  
FAX (813) 281-1173

**Secretary/Treasurer**

Norman V. Stein  
President  
UNIVERSITY COMMUNITY HOSPITAL, INC.  
3100 East Fletcher Avenue  
Tampa, FL 33613  
Phone (813) 972-7203  
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James F. Vickery  
President & CEO  
BAPTIST HEALTH CARE  
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President & CEO  
BAY MEDICAL CENTER  
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President  
BETHESDA HEALTHCARE SYSTEM  
2815 South Seacrest Boulevard  
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234159 / 06087091

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LAKELAND REGIONAL MEDICAL CENTER  
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President/CEO  
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1414 Kuhl Avenue  
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