

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 036 ***158.75

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

2. Principal Place of Business

4211 W. BOY SCOUT BLVD

Suite, Apt. #, etc.

SUITE 750

City & State

TAMPA, FL

Zip

33607

Country

USA

3. Mailing Address

4211 W. BOY SCOUT BLVD

Suite, Apt. #, etc.

SUITE 750

City & State

TAMPA, FL

Zip

33607

Country

USA



DO NOT WRITE IN THIS SPACE

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

LAWRENCE, LEE

~~3030 N. ROCKY PT. DR. W., #750~~

TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

LEE LAWRENCE

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

4211 W. BOY SCOUT BLVD

SUITE 750

City

TAMPA

FL

Zip Code

33607

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

Lawrence, President

4/18/02

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, 2002 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 ☐ Delete
NAME STD
STREET ADDRESS STEIN, NORMAN V
CITY-ST-ZIP 3100 E FLETCHER AVENUE
TAMPA FL 33613

TITLE ☐ Delete
NAME CD
STREET ADDRESS REES, RON R.
CITY-ST-ZIP 1041 DUNLADOTON AVENUE, SUITE 250
PORT ORANGE FL 32127

TITLE ☐ Delete
NAME VCD
STREET ADDRESS MEANS, MICHAEL D.
CITY-ST-ZIP 8247 DEVEREUX DR, #103
MELBOURNE FL 32940-7955

TITLE ☐ Delete
NAME P
STREET ADDRESS LAWRENCE, LEE
CITY-ST-ZIP 3030 N ROCKY POINT DR WEST, #750
TAMPA FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HILLENMEYER, JOHN
CITY-ST-ZIP 1414 KUHLE AVE
ORLANDO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS WOLFF, RONALD V
CITY-ST-ZIP 615 N BONITA AVENUE
PANAMA CITY FL 32401

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

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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:

Lawrence, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 813-350-8300

Date

Daytime Phone #

CR2E034 (9/01)



United to Improve America's Health®

VHA Southeast Inc.
4211 W. Boy Scout Blvd.
Suite 750
Tampa, FL 33607

(813) 350 - 8300
(813) 350 - 8383 Fax

Attachment

Doc. # J 34129

845715

Florida Health Inc. – Board of Directors

President

Lee Lawrence
President
VHA Southeast
4211 W. Boy Scout Blvd., Suite 750
Tampa, Florida 33607
Phone: (813) 350-8330
FAX: (813) 350-8383
Email: llawrenc@vha.com

Michael D. Means
President & CEO
Health First, Inc.
8249 Devereux Drive
Melbourne, Florida 32940
Phone: (321) 434-5651
FAX: (321) 752-4624
Email: mmeans@health-first.org

John Hillenmeyer
President & CEO
Orlando Regional Healthcare System
1414 Kuhl Avenue
Orlando, Florida 32806
Phone: (407) 841-5203
FAX: (407) 237-6328
Email: sharonh@orhs.org

Vice President

Bob Grady
Vice President
VHA Southeast
4211 W. Boy Scout Blvd., Suite 750
Tampa, Florida 33607
Phone: (813) 350-8310
FAX: (813) 350-8383
Email: bgrady@vha.com

Norman V. Stein
President & CEO
University Community Hospital, Inc.
3100 East Fletcher Avenue
Tampa, Florida 33613
Phone: (813) 615-7203
FAX: (813) 615-7580
Email: deborahm@mail.uch.org

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