

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41624

1. Entity Name

WILDWOOD HEALTHCARE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90054 041 \*\*\*150.00

Principal Place of Business

Mailing Address

490 S. OLD WIRE ROAD  
WILDWOOD FL 34785-5001  
US

490 S. OLD WIRE ROAD  
WILDWOOD FL 34785-5001  
US

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 **59-2750357**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MARTIN, H.E.  
HWY 27  
FT. WHITE FL 32038

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	DP	<input type="checkbox"/> Delete
NAME	SILVER, STEPHEN	
STREET ADDRESS	27C TROLLEY SQUARE	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAINUM, ROBERT	
STREET ADDRESS	10701 MAIN ST	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PRICE, BRAXTON	
STREET ADDRESS	601 N GROVE STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARTIN, H.E.	
STREET ADDRESS	P O BOX 328 N/A	
CITY-ST-ZIP	FT. WHITE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Three Mill Road	
STREET ADDRESS	Wilmington, DE	
CITY-ST-ZIP	19806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	22030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32726	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32038	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Silver

4-28-00

Date

Daytime Phone #

CR2E034 (9/99)