

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90188 035 ***158.75

DOCUMENT # K11322

1. Entity Name
RIVERDALE MEDICAL CENTER, INC.

Principal Place of Business

2279 MAIN ST
FT. MYERS FL 33901
US

Mailing Address

C/O JAMES L SAYER
2279 MAIN ST
FORT MYERS FL 33901
US

2. Principal Place of Business

5980 Sonnet Court
 Suite, Apt. #, etc.

3. Mailing Address

5980 Sonnet Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Ft. Myers, FL

City & State

N. Ft. Myers, FL

4. FEI Number

65-0088003

Applied For

Not Applicable

Zip
33903

Country

Lee

Zip
33903

Country

Lee

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAYER, JAMES L
2279 MAIN ST
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name
James L. Sayer
Street Address (P.O. Box Number is Not Acceptable)
5980 Sonnet Court
North Ft. Myers,
City
FL **Zip Code**
33903

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 *James L. Sayer*

(NOTE: Registered Agent signature required when reinstating)

4/26/02
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
PD
NAME
SAYER, JAMES L
STREET ADDRESS
2279 MAIN ST
CITY-ST-ZIP
FT. MYERS FL 33901

☐ Delete

TITLE
ST
NAME
MCGINN, MICHAEL R
STREET ADDRESS
1716 FOWLER ST.
CITY-ST-ZIP
FT. MYERS FL 33901

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P.D.
NAME
SAYER, James L.
STREET ADDRESS
5980 Sonnet Court
CITY-ST-ZIP
North Ft. Myers, FL 33903

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *James L. Sayer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date
(941)-335-2784
 Daytime Phone #

CR2E034 (9/01)