

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90004 036 ***550.00

3087090 AV

DOCUMENT # L11160

1. Entity Name

HABANA MEDICAL CENTER, INC.

Principal Place of Business

**4700 N. HABANA AVENUE
 STE 602
 TAMPA FL 33614**

Mailing Address

**4700 N. HABANA AVENUE
 STE 602
 TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2970216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KINSOLVING, LAURENCE E
 % CARLTON, FIELDS, WARD, EMMANUEL
 ONE HARBOUR PLACE
 TAMPA FL 33602**

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.

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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** ☒ Delete
 NAME **HOLLIDAY, JAMES A MD**
 STREET ADDRESS **4700 N HABANA AVE #602**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VPD** ☐ Delete
 NAME **DIACO, JOSEPH F MD**
 STREET ADDRESS **4700 N. HABANA AVE., #403**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **SD** ☐ Delete
 NAME **BRANNAN, ANTHONY N MD**
 STREET ADDRESS **4700 N HABANA AVE #201**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **GARY L. WOOD, Psy.D.**
 STREET ADDRESS **4700 N HABANA AVE #**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition
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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 REQUIRED

GARY L. WOOD, Psy.D.

07-12-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)