

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90109 041 ***150.00

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**



2. Principal Place of Business

3. Mailing Address
4700 N. Habana Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

City & State

City & State
Tampa, Florida

4. FEI Number
59-2970216

Applied For

Not Applicable

Zip

Country

Zip
33614

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WOOD, GARY L PSY.D.**
STREET ADDRESS **4700 N HABANA AVE #**
CITY-ST-ZIP **TAMPA FL 33614**

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

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **Alden Cockburn, M.D.**
STREET ADDRESS **4700 N. Habana Avenue, Suite 500**
CITY-ST-ZIP **Tampa, Florida 33614**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Harris McIlwain, M.D.**
STREET ADDRESS **4700 N. Habana Avenue, Suite 201**
CITY-ST-ZIP **Tampa, Florida 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary Wood, PsyD, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03
Date

870-0392
Daytime Phone #

CR2E034 (10/02)