

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90105 012 ***150.00

0677418 FD

DOCUMENT # L43824

1. Entity Name
HEALTH FIRST OF LAKE COUNTY, INC.



Principal Place of Business
**17580 S.R. 441
MOUNT DORA FL 32757**

Mailing Address
**17580 S.R. 441
MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 55

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TANGERINE, FL

Zip

Country

Zip

Country

32777

4. FEI Number **59-2991766**

Applied For

Not Applicable

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

RICHTER, HENRY J

17580 S.R. 441

MOUNT DORA FL 32757

Name

HENRY J. RICHTER

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

P.O. BOX 55 4919 DORA DRIVE

City

TANGERINE

FL

Zip Code

32777

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 **D** ☐ Delete
NAME **RICHTER, HENRY J**
STREET ADDRESS **4919 DORA DRIVE**
CITY-ST-ZIP **TANGERINE FL 32777**

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

312235 0800

Daytime Phone #

CR2E034 (10/02)