

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N04807**

1. Entity Name

HCC HEALTH SERVICE CORPORATION**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90112 014 ****61.25

Principal Place of Business

**111 N. ORLANDO AVE.
WINTER PARK FL 32789
US**

Mailing Address

**111 N. ORLANDO AVE.
WINTER PARK FL 32789-3675
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2469462

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

7. Name and Address of New Registered Agent

Name

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

City

FL | Zip Code**TRIMBLE, T L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete
NAME **BLAIR, MARDIAN J**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**TITLE **PD** ☐ Delete
NAME **GANTOR, KURT**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**TITLE **STD** ☐ Delete
NAME **TRIMBLE, TAMARA L**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **WINTER PARK FL**TITLE **T** ☐ Delete
NAME **JEFFUS, RHONDA**
STREET ADDRESS **111 NORTH ORLANDO AVENUE**
CITY-ST-ZIP **ORLANDO FL 32789**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP12. 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 617, 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 ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 407-975-1413

Date

Daytime Phone #