

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12631

1. Entity Name

SUWANNEE HEALTH, INC.

FILED

00 FEB -3 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4300 NW 89 BLVD  
GAINESVILLE FL 32606  
US

4300 NW 89 BLVD  
GAINESVILLE FL 32606-5688  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2300943

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

DEMONTMOLLIN STEPHEN J  
4300 NW 89 BLVD  
GAINESVILLE FL 32606

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 DC ☒ Delete  
NAME CARR, GLENNA  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☒ Delete  
NAME PEDDIE, EDWARD C.  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DT ☐ Delete  
NAME TOWNSEND, WALLACE  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE DVC ☐ Delete  
NAME MOUNGER, WILLIAM  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE DS ☐ Delete  
NAME BULLARD, AUDREY  
STREET ADDRESS 4300 NW 89 BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Change ☒ Addition  
NAME Daniel, C.B.  
STREET ADDRESS 4300 NW 89 Blvd.  
CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ Change ☐ Addition  
NAME 100003128431-7  
STREET ADDRESS -02/08/00-01131-011  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

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

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

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

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

KE

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 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 like empowered.

SIGNATURE:

*Philip J. Hughey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Hughey 1/25/00

352-337-870

Date

Daytime Phone #

**Suwannee Health, Inc.  
Corporation #N12631  
(Addendum to 2000 Corporation Annual Filing)**

- D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606
- D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606
- D Martsolf, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy 4300 NW 89 Blvd., Gainesville, FL 32606
- AS Hughey, Philip J., 4300 NW 89 Blvd., Gainesville, FL 32606