

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90028 014 \*\*\*\*61.25

0079850

**DOCUMENT # N93000004739**

1. Entity Name

**HERNANDO DOCTORS CLINIC, INC.**

Principal Place of Business

**12395 CORTEZ BLVD  
 BROOKSVILLE FL 34613**

Mailing Address

**12395 CORTEZ BLVD  
 BROOKSVILLE FL 34613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3218208**

Applied For

Not Applicable

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

**CLINTON J. MCGREW MD  
 12395 CORTEZ BLVD  
 HERNANDO DOCTORS' CLINIC  
 BROOKSVILLE FL 34613**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLINTON J. MCGREW MD</b> <b>12395 CORTEZ BLVD</b> <b>BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>S.N. DIAVAHI MD</b> <b>11371 CORTEZ BLVD.</b> <b>BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, SANDRA J</b> <b>12395 CORTEZ BLVD.</b> <b>BROOKSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a letter like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/01**

**352 596 8599**

Date

Daytime Phone #

CR2E037 (10/00)