

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90003 046 ****61.25

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

4345 HAGEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

Zip

Country

Zip

Country

34608

U.S.A

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 **D** ☐ Delete
 NAME **CLINTON J. MCGREW MD**
 STREET ADDRESS ~~12395 CORTEZ BLVD~~
 CITY-ST-ZIP ~~BROOKSVILLE FL~~

TITLE ☐ Change ☐ Addition
 NAME **CLINTON J. MCGREW, MD**
 STREET ADDRESS **4345 HAGEN AVE**
 CITY-ST-ZIP **SPRING HILL, FL**

TITLE **D** ☐ Delete
 NAME **S.N. DIAVAHI MD**
 STREET ADDRESS **11371 CORTEZ BLVD.**
 CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **POWELL, SANDRA J**
 STREET ADDRESS ~~12395 CORTEZ BLVD.~~
 CITY-ST-ZIP ~~BROOKSVILLE FL~~

TITLE ☐ Change ☐ Addition
 NAME **POWELL, SANDRA J.**
 STREET ADDRESS **1477 DEBORAH DR.**
 CITY-ST-ZIP **SPRING HILL, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

CLINTON J. MCGREW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLINTON J. MCGREW 1/9/02

Date

352-643-1877

CR2E037 (9/01)