

5/17

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-17-2001 91333 021 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003987**

1. Entity Name

CHOICES FOR COMMUNITY HEALTH, INC.

Principal Place of Business

9800 4T ST NORTH
 STE 206
 ST PETERSBURG FL 33702
 US

Mailing Address

9800 4T ST NORTH
 STE 206
 ST PETERSBURG FL 33702
 US

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

59-3386955

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

RUGG, ELIZABETH M
 9800 4TH ST NORTH
 STE 206
 ST. PETERSBURG FL 33702

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 resigning)

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

DP
 MURPHY, FRANK
 17757 US 19 N STE 100
 CLEARWATER FL 33764

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DP
 Dr. John Heilman
 500 7th Avenue South
 St. Petersburg, FLorida 33701

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DV
 PARKS, SALLIE
 315 CT ST
 CLEARWATER FL 34616

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DT
 Bob Costello
 601 Main Street
 Dunedin, FL 34698

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DT
 BETHELL, EVELYN
 1100 CLEVELAND ST
 CLEARWATER FL 34616

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DS
☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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 all other information empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/19/01

727.824.6951

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
Doc# N95000003987



77073

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 27, 2001

CHOICES FOR COMMUNITY HEALTH, INC.
9800 4T ST NORTH
STE 206
ST PETERSBURG, FL 33702 US

Return
attached

Subject: CHOICES FOR COMMUNITY HEALTH, INC.

Reference Number: N95000003987

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SA
ANNUAL REPORTS SECTION

JUL - 5 2001

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314