

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001331

1. Entity Name

FLORIDA INSTITUTE OF HEALTHCARE INDUSTRY, INC.

Principal Place of Business

Mailing Address

101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301

101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301-1546

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

59-3382515

Applied For

Not Applied For

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

MCCONNAUGHAY, JAMES N  
101 NORTH MONROE STREET  
SUITE 900  
TALLAHASSEE FL 32301

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	PD	<input type="checkbox"/> Delete
NAME	MCCONNAUGHAY, JAMES N	
STREET ADDRESS	101 N. MONROE ST., SUITE 900	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEINBERG, ROB	
STREET ADDRESS	4600 4TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, LORRY	
STREET ADDRESS	3807 N.W. 53RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLINGHAM, ANN	
STREET ADDRESS	P.O. BOX 1598	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

850-222-8121

Date

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90054 039 \*\*\*\*61.25

C0010412



DO NOT WRITE IN THIS SPACE