

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001331

1. Entity Name

FLORIDA INSTITUTE OF HEALTHCARE INDUSTRY, INC.

Principal Place of Business

101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE FL 32301

Mailing Address

101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

PO Box 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32302-0200

US

4. FEI Number

59-3382515

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

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

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 PD
NAME MCCONNAUGHAY, JAMES N
STREET ADDRESS 101 N. MONROE ST., SUITE 900
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VD
NAME WEINBERG, ROB
STREET ADDRESS 4600 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL ☒ Delete

TITLE SD
NAME DAVIS, LORRY
STREET ADDRESS 3807 N.W. 53RD TERRACE
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE D
NAME ELLINGHAM, ANN
STREET ADDRESS P.O. BOX 1598
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME Mike Webb
STREET ADDRESS 2102 SW 20th Place
CITY-ST-ZIP Ocala, FL 34474 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
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 an other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 850-222-8121

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)