

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90080 045 ****61.25

DOCUMENT # N96000003107

1. Entity Name
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.

Principal Place of Business Mailing Address
131 SW 15TH STREET 131 SW 15TH STREET
OCALA FL 34474 Ocala FL 34474-4029

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3393247** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PUTNAL, KAREN A
118 N GADSDEN ST
SUITE 200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Dwight Bruining **03/01/2000** **352-726-1551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N96000003107

623306

ATTACHMENT TO 2000 CORPORATION ANNUAL REPORT
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.
FEI NUMBER 59-3393247

BOX 11

OFFICERS AND DIRECTORS CHANGES

7.1 P

~~7.2 Michell, Dyer~~

7.3 131 S.W. 15th Street

7.4 Ocala, FL 34474

8.1 D

8.2 Mutarelli, Richard

8.3 131 S.W. 15th Street

8.4 Ocala, FL 34474