

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006132

1. Entity Name

HEALTHCARE PARTNERS OF MEMORIAL, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90096 001 ***306.25

Principal Place of Business

Mailing Address

770 W. GRONODA BLVD.
SUITE 301
ORMOND BEACH FL 32174
US

770 W. GRONODA BLVD.
SUITE 301
ORMOND BEACH FL 32174
US

2. Principal Place of Business

770 W. Granada Blvd
Suite, Apt. #, etc.

3. Mailing Address

770 W. Granada Blvd
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415959

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOVAL, CHARLES B
770 W. GRANADO BLVD SUITE 301
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

770 W Granada Blvd Suite 301
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 ☐ Delete
NAME LIND, RICHARD A
STREET ADDRESS 770 W. GRANADE BLVD. SUITE 301
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE TD ☐ Delete
NAME RAINES, DAVID L
STREET ADDRESS 770 W. GRANEDA BLVD. SUITE 301
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D ☐ Delete
NAME DIETRICH, PATRICIA A
STREET ADDRESS 770 W. GRANADE BLVD. SUITE 301
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE SD ☐ Delete
NAME VODENICKER, JOHNETTE
STREET ADDRESS 770 W. GRANADE BLVD. SUITE 301
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE D ☐ Delete
NAME CHRISTIANSON, CLARK P
STREET ADDRESS 875 STERTHAUS AVENUE
CITY-ST-ZIP ORMOND BEACH FL 32174

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 all other like empowered.

SIGNATURE:

Richard A Lind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)