

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90326 009 \*\*\*\*\*61.25

**DOCUMENT # N98000004458**

1. Entity Name

**SOUTH FLORIDA STATE HOSPITAL FINANCING CORPORATION**



Principal Place of Business

**4200 WACKENHUT DRIVE  
PALM BEACH GARDENS FL 33410**

Mailing Address

**4200 WACKENHUT DRIVE  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**621 NW 53RD STREET**

3. Mailing Address

**621 NW 53RD STREET**

Suite, Apt. #, etc.

**Suite 700**

Suite, Apt. #, etc.

**Suite 700**

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON FL**

Zip

**33487**

Country

**USA**

Zip

**33487**

Country

**USA**

**10102192**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1042204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BULFIN, JOHN  
4200 WACKENHUT DRIVE  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

**621 NW 53RD STREET, Suite 700**

City

**BOCA RATON**

**FL**

Zip Code

**33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John J. Bulfin, DSR*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **MADDUX, RON**  
STREET ADDRESS **4200 WACKENHUT DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DV** ☐ Delete  
NAME **CALABRESE, WAYNE H**  
STREET ADDRESS **4200 WACKENHUT DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DST** ☐ Delete  
NAME **BULFIN, JOHN**  
STREET ADDRESS **4200 WACKENHUT DRIVE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **MADDUX, RON**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DV** ☒ Change ☐ Addition  
NAME **CALABRESE, WAYNE H.**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DST** ☒ Change ☐ Addition  
NAME **BULFIN, JOHN**  
STREET ADDRESS **621 NW 53RD STREET, Suite 700**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

TITLE ☐ Change ☐ Addition  
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:

*John J. Bulfin, DSR*

**4/29/03 (56) 893-0101**

CR2E037 (10/02)