

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005616

1. Entity Name

LUTHERN HEALTH MINISTRIES OF NORTH CENTRAL FLORI

Principal Place of Business

3968 N.W. 25TH CIRCLE
GAINESVILLE FL 32606

Mailing Address

3968 N.W. 25TH CIRCLE
GAINESVILLE FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAPEER, RUSSELL W
445 N.E. 8TH AVE.
OCALA FL 34470

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D CADE, ROBERT M.D. DEPT. OF MEDICINE, UNIV. OF FL HEALTH SCIEN GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, SANDRA R.N. DEPT. OF NURSING, N. FL REGIONAL MEDICAL CN GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETIT, PAUL M.D. 6436 BORG STREET LEESBURG FL 34748-7713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REICH, CHARLES REV. 9700 W. NEWBERRY CENTER, NEWBERRY RD. GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SILBERMAN, DONALD 4809 NW 36TH PLACE GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIECHMANN, GERALD PH.D 3968 NW 25TH CIRCLE GAINESVILLE FL 32606	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V MARY ALICE DENNIS 4039 NEWBERRY RD. GAINESVILLE, FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LINDA AKPOL 125 NW 23 RD AVE., #9 GAINESVILLE, FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CLIFF LYDA 1001 NE 16 TH AVE. GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T JON VISSCHER 1405 NW 13 TH ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V DAN ROBINSON DEPT. OF PHARMACY, UF HEALTH SCIENCES GAINESVILLE, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Gerald H. Wiechmann GERALD H. WIECHMANN 4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90429 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

11. Continued Attachment Doc # N98000005016
C0055293

Title: D
Name: Marie Viisschen
Address: UF Health Sciences Ctr.
City: Gainesville, FL 32601

Title: D/V
Name: William Earnest
Address: 6500 Newberry Rd.
City: Gainesville, FL 32606

Title: D/V
Name: Donna Lawson
Address: 511 NE 1st St.
City: Gainesville, FL 32601

Title: D/V
Name: John Shahan, M.D.
Address: 1026 SW 2nd Ave.
City: Gainesville, FL 32601

250-487-6050