

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/11 11:11 AM

**DOCUMENT # N99000003595**

1. Entity Name

**INDIAN ROCKS MEDICAL CENTER, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90090 006 \*\*\*\*61.25

Principal Place of Business	Mailing Address
12685 ULMERTON ROAD SUITE 4-131 LARGO FL 33774	12685 ULMERTON ROAD SUITE 4-131 LARGO FL 33774-3603

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3587767	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
FERGUSON, TIMOTHY A 12685 ULMERTON ROAD SUITE 4-131 LARGO FL 33774	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 Timothy A. Ferguson DATE 2-23-00  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, STEPHANIE	NAME	
STREET ADDRESS	8660 143RD ST. NO.	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KARIN	NAME	
STREET ADDRESS	1520 GULF BOULEVARD, #902	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES-EVANS, MELONIE	NAME	
STREET ADDRESS	9494 SILVERTHORN ROAD	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANECKI, CHET	NAME	
STREET ADDRESS	8496 BARDMOOR PL	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAR, WILLIAM	NAME	
STREET ADDRESS	8778 143RD STREET	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776	CITY-ST-ZIP	
TITLE	D <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: Timothy A. Ferguson DATE 2-23-00 DAYTIME PHONE # 727 595-3421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR