

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003595

1. Entity Name

INDIAN ROCKS MEDICAL CENTER, INC.

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90003 044 \*\*\*\*70.00

Principal Place of Business

12685 ULMERTON ROAD  
SUITE 4-131  
LARGO FL 33774

Mailing Address

12685 ULMERTON ROAD  
SUITE 4-131  
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3587767**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **MARTIN, STEPHANIE**  
CITY-ST-ZIP **8660 143RD ST. NO.  
SEMINOLE FL 33776**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, KARIN**  
CITY-ST-ZIP **1520 GULF BOULEVARD, #902  
CLEARWATER FL 33767**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAYNES-EVANS, MELONIE**  
CITY-ST-ZIP **9494 SILVERTHORN ROAD  
LARGO FL 33777**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JANECKI, CHET**  
CITY-ST-ZIP **8496 BARDMOOR PL  
LARGO FL 33777**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **RICHMAN, MARC**  
CITY-ST-ZIP **519 BELLE ISLE AVE  
BELLEAIR BEACH FL 33786**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **FERGUSON, TIMOTHY**  
CITY-ST-ZIP **10392 136TH ST  
LARGO FL 33774**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Timothy A. Ferguson*

1/23/02

727 555-3421

Date

Daytime Phone #

CR2E037 (9/01)