

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

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

05-05-2003 90203 024 ****70.00

0066180

DOCUMENT # N99000003595

1. Entity Name

INDIAN ROCKS MEDICAL CENTER, INC.



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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3587767**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERGUSON, TIMOTHY A
12685 ULMERTON ROAD
SUITE 4-131
LARGO FL 33774**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTIN, STEPHANIE | |
| STREET ADDRESS | 8660 143RD ST. NO. | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOHNSON, KARIN | |
| STREET ADDRESS | 1520 GULF BOULEVARD, #902 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAYNES-EVANS, MELONIE | |
| STREET ADDRESS | 9494 SILVERTHORN ROAD | |
| CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JANECKI, CHET | |
| STREET ADDRESS | 8496 BARDMOOR PL | |
| CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICHMAN, MARC | |
| STREET ADDRESS | 519 BELLE ISLE AVE | |
| CITY-ST-ZIP | BELLEAIR BEACH FL 33786 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FERGUSON, TIMOTHY | |
| STREET ADDRESS | 10392 136TH ST | |
| CITY-ST-ZIP | LARGO FL 33774 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D, C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 11381 Oak Ln | |
| STREET ADDRESS | Largo FL 33778 | |
| CITY-ST-ZIP | D, S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 447 22nd St | |
| STREET ADDRESS | Belleair Beach FL 33786 | |
| CITY-ST-ZIP | Haynes Melanie | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 13211 Walsingham Rd | |
| STREET ADDRESS | Largo FL 33774 | |
| CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | |
| 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:

Kelly Jones
Kelly Jones, Treasurer

6/1/03

727-593-8733

CR2E037 (10/02)

Attachment

N99000003595
80106874

2003 NOT-FOR-PROFIT CORPORATION
DOCUMENT #N99000003595
INDIAN ROCKS MEDICAL CENTER INC.

ADDITIONAL OFFICERS AND DIRECTORS

V
CHARLIE MARTIN
11381 OAK LN
LARGO, FL 33778

T
KELLY JONES
1129 4TH AVE NW
~~LARGO, FL-33770~~