## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_\_

FILED  ODCUMENT#   9900000495  Community Medical Care Center of Leesburg, Inc.  Principal Princi					¬ ,		
Principal Place of Business  1300 High Street Leesburg, FL 34748  Leesburg, FL 34748  2. Principal Place of Business  Suite. And it. orc.  Suite. And it. or	DOCUMENT # 1990000 4125  1. Entity Name				FILED		
1.300 High Street   1.30	Community Medical Care Center of Leesbur			sburg, Inc			
1.300 High Street   1.30	Principal Place of Business Mailing Address			SERBETARY OF ST	SEARCHARY OF STATE.		
Suite. Ast #. etc.   Suite. Act #. etc.   DO NOT WRITE IN THIS SPACE    City & Suite   City & Suite   A. FEI Number   Applicable for    Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addition    Fee Required   Fee Required    Zin   Street   Street Address of Current Registered Agent   Name and Address of New Registered Agent    Dan McCormick   Name and Address of New Registered Agent   Name and Address of New Registered Agent    Dan McCormick   Street   Street Address (Pr.O. Box Number is Not Acceptable)    Eleasburg				Byte Breath de			
City & State  City & State  City & State  City & State  Country  Zo  Country  S. Certificate of Sharks Desired  Normal  Normal  City Sharks Desired Agent  The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fordat.  City FLE NOW:  FELE NOW:  STRETA ADDITIONS/OH-ANGES TO OFFICERS AND DIRECTORS IN 10  Into Make  COFFICERS AND DESCRIPTION IN 10  Into Make  Vice—President  Now:  Now:  Now:  Now:  Vice—President  Now:  Now	Principal Place of Business     Address     Mailing Address		3. Mailing Address		_		
Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  Dan McCormick 220 N 13th Street Leesburg, FL 34748  Chy FL Zo Code  8. The above named crity submits this statement for the purpose of changing its registered defice or registered agent, or both. In the state of Foolds.  SIGNATURE August Deficient Registered Agent  FILE NOW: FEE \$861.25  FILE NOW: FEE \$861.25  10. OFFCLES AND DIRECTORS  10. OFFCLES	City & State		City & State		- <b>1</b>	<del></del>	
Dan McCormick 220 N 13th Street Leesburg, FL 34748  City FL Zip Code  8. The above named crity submits this stalement for the purpose of changing its registered affice or registered agent, or both, in the state of Foolds.  SIGNATURE Submits this stalement for the purpose of changing its registered agent, or both, in the state of Foolds.  SIGNATURE Submits this stalement for the purpose of changing its registered agent, or both, in the state of Foolds.  SIGNATURE Submits Submits this stalement for the purpose of changing in Francisco diffice or registered agent, or both, in the state of Foolds.  SIGNATURE Submits Submits this stalement for the purpose of changing in Francisco diffice or registered agent, or both, in the state of Foolds.  SIGNATURE Submits Submits State Submits Submits State Submits Submi	Zip	Country	Zip	Country	5. Certificate of Status Desired		
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Street Acadress (P.O. Box Number is Not Acceptable)    City   FL   Zip Code				Name			
Leesburg, FL 34748    City   FL   Zip Code	Dan M	cCormick					
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8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the state of Florida.  SIGNATURE SEAL MACROSS STATE ST				City		Zip Code	
SIGNATURE Databases   Section Campaign Financing   S. D.O. May Be Added to Fees   Department of State    FILE NOW: FEE IS \$61.25   Section Campaign Financing   S. D.O. May Be Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  THE HOWARD Vesser, MD (D)   NAME   STREET ADDRESS   STREET ADDRES					."	<u> </u>	
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CITY-ST-ZIP  Leesburg, FL 34748  CITY-ST-ZIP  TITLE  James Hardy, MD (D)  STREET ADDRESS  1300 High Street  CITY-ST-ZIP  Leesburg, FL 34748  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 emptywered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Wooten (D 1300 High Street Leesburg, FL 347	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
TITLE  NAME  James Hardy, MD (D)  STREET ADDRESS  1300 High Street  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 emptywered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Richard Wooten (I 1300 High Street Leesburg, FL 347 Frank Pellegrino	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
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