

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-11-2001 90065 028 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006032

1. Entity Name

SAINT JOSEPH CARE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**1415 BAKER CT
 PANAMA CITY FL 32401-1916**

**1415 BAKER CT
 PANAMA CITY FL 32401-1916**

6971



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

Applied For

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

**HILL, R. MICHAEL
 1415 BAKER CT.
 PANAMA CITY FL 32401**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, PAUL G	
STREET ADDRESS	6005 E. HWY 98	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHILDERS, RONALD W	
STREET ADDRESS	702 MONUMENT AVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURKE, MITCHELL T	
STREET ADDRESS	1003 MCCLELLAND AVE	
CITY-ST-ZIP	PT ST JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MICHAEL HILL	
STREET ADDRESS	1415 BAKER CT	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 980-872-4128

Date

Daytime Phone #

CR2E037 (10/00)