

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90377 020 ***150.00

DOCUMENT # P00000008446

1. Entity Name

SPRINGHILL DIAGNOSTIC OXY-CARE, INC.

Principal Place of Business

**5112 HIGATE RD.
SPRINGHILL FL 34609**

Mailing Address

**5112 HIGATE RD.
SPRINGHILL FL 34609**

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

59-3622577

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

GALLINA, MARY ANN

5112 HIGATE RD.

SPRINGHILL FL 34609

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GALLINA, MARY ANN ☐ Delete
5112 HIGATE RD
BROOKSVILLE FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P00000008446
123080

JULY 24, 2002

SPRING HILL DIAGNOSTIC OXY-CARE
5112 HIGATE ROAD
SPRING HILL FL, 34609

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
POB 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

I HAVE RECEIVED THE RENEWAL OF THE CORPORATION AND WAS QUITE SURPRISED TO SEE THAT IT HAD BEEN RAISED TO \$550.00. I ALWAYS PAY MY BILLS ON TIME, AND TO PAY ANOTHER \$400.00, I WOULD HAVE PAID THE FIRST ONE, HAD I RECEIVED IT.

IN ADDITION, IN CONVERSATIONS WITH SEVERAL BUSINESS ASSOCIATES THEY TOO INFORMED ME OF THE SAME SITUATION. THEREFORE, I AM ENCLOSING PAYMENT IN THE AMOUNT OF \$150.00 WHICH I ASSUME WILL BE SATISFACTORY GIVEN THE SITUATION.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING IN THIS MATTER. I MAY BE REACHED AT 1-352-683-6061. THANK YOU AGAIN.

I REMAIN,



MARY ANN GALLINA
PRESIDENT