

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

0112247 AV

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

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3622577

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GALLINA, MARY ANN
5112 HIGATE RD
BROOKSVILLE FL 34609 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 607, 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: Mary Ann Gallina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/03 352 238 3191
Date Daytime Phone #

CR2E034 (4/03)

Attachment#
80139805
PO00000008446

AUGUST 19, 2003

DEAR SIR,

ENCLOSED PLEASE FIND MY FILING REPORT AND CHECK FOR \$150.00. I NEVER RECEIVED MY ORIGINAL. THIS IS THE FIRST DOCUMENT I HAVE RECEIVED. PLEASE ACCEPT MY PAYMENT AT THIS TIME. I HAVE PREVIOUSLY CONTACTED YOUR OFFICE REGARDING THIS MATTER AND THEY HAVE ADVISED MY TO SEND THE \$150.00 PAYMENT WITH THIS LETTER. I THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

I REMAIN


MARY ANN GALLINA