

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008457

1. Entity Name

SILVER OAKS MEDICAL CENTER, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90008 031 ***150.00

Principal Place of Business

Mailing Address

3615 CENTRAL AVENUE #5
FORT MYERS FL 33901

3615 CENTRAL AVENUE #5
FORT MYERS FL 33901

2. Principal Place of Business

5650 Gulf of Mexico Dr

3. Mailing Address

5650 Gulf of Mexico Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longboat Key FL

City & State

Longboat Key

4. FEI Number

65-0958734

Applied For

Not Applicable

Zip

34228

Country

USA

Zip

34228

Country

USA

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

MORAN, MICHAEL
1800 SECOND STREET
SUITE 850
SARASOTA FL 34236

Name

Joseph M. Ossorio

Street Address (P.O. Box Number is Not Acceptable)

5650 Gulf of Mexico Dr

City

Longboat Key

FL

Zip

34228

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D
NAME RAYFIELD, BEVERLY B
STREET ADDRESS 3255 PINE VALLEY DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☒ Delete

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

TITLE D
NAME OSSORIO, JOSEPH M
STREET ADDRESS 3615 CENTRAL AVENUE #5
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE D
NAME Joseph M. Ossorio
STREET ADDRESS 5650 Gulf of Mexico Dr
CITY-ST-ZIP Longboat Key FL 34228 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

4/23/01

Date

(941)383-2776

Daytime Phone #

CR2E034 (10/00)