

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028361

1. Entity Name
HOSPITAL CARE PROVIDERS, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90014 004 ***150.00

Principal Place of Business

12897 EDGEWATER DR.
DUNNELLON FL 34433

Mailing Address

% MICHAEL T DOERFLEIN
12897 EDGEWATER DR
DUNNELLON FL 34433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DOERFLEIN, MICHAEL T
12897 EDGEWATER DR.
DUNNELLON FL 34433

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, 2002 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

TITLE ☐ Delete
NAME DOERFLEIN, MICHAEL T
STREET ADDRESS 12897 EDGEWATER DR 4801 SE 11th Ave
CITY-ST-ZIP DUNNELLON FL 34433 Ocala, FL 34480

TITLE ☐ Delete
NAME LINDA STRUVE-DOERFLEIN
STREET ADDRESS 4801 SE 11th Ave
CITY-ST-ZIP Ocala, FL 34480 Treasurer

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

0536687 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE