

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028361

1. Entity Name
HOSPITAL CARE PROVIDERS, INC.



Principal Place of Business
4801 SW 11TH AVENUE
OCALA FL 34480

Mailing Address
4801 SE 11TH AVENUE
OCALA FL 34480
US

2. Principal Place of Business
4801 SE 11th Ave.
Suite, Apt. #, etc.

3. Mailing Address
4801 SE 11th Ave.
Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

Zip Country
34480 USA

Zip Country
34480 USA

4. FEI Number 59-3643119

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOERFLEIN, MICHAEL T
4801 SE 11TH AVENUE
OCALA FL 34480

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	DOERFLEIN, MICHAEL T	
STREET ADDRESS	4801 SE 11TH AVENUE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	T	<input type="checkbox"/> Delete
NAME	STUVE-DOERFLEIN, LINDA	
STREET ADDRESS	4801 SE 11TH AVENUE	
CITY-ST-ZIP	OCALA FL 34480	
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 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUVE-DOERFLEIN, LINDA	
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 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: SIGNATURE RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 030 ***150.00



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)