

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90165 024 ***550.00

DOCUMENT # P00000033811

1. Entity Name
CARUSO MEDICAL CENTER, INC.



Principal Place of Business
3218 U.S. HIGHWAY 27. SOUTH
SEBRING FL 33870

Mailing Address
3218 U.S. HIGHWAY 27. SOUTH
SEBRING FL 33870

2. Principal Place of Business
3324 Commerce Cntr Lane
Suite, Apt. #, etc.

3. Mailing Address
3324 Commerce Cntr Lane
Suite, Apt. #, etc.

City & State
Sebring FL
Zip 33870
Country USA

City & State
Sebring
Zip FL
Country

4. FEI Number 65-0995437

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAPPEL, ROBERT
5070 HIGHWAY A1A, NORTH
SUITE 221
VERO BEACH FL 32963-1216

7. Name and Address of New Registered Agent

Name Robert Rappel
Street Address (P.O. Box Number is Not Acceptable)
Suite A 210 1515 Indian River Blvd
City Vero Beach FL Zip 32909

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 *Roberta L Caruso*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE July 8 03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARUSO, ROBERTA L	
STREET ADDRESS	804 9TH AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Roberta L Caruso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE July 8 03

Date Daytime Phone #

CR2E034 (4/03)