

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90901 019 ***150.00

DOCUMENT # P00000046586

1. Entity Name

ST. PAUL'S HEALTHCARE CENTER, INC.



Principal Place of Business

8001 NORTH DALE MABRY HIGHWAY SUITE 501C
TAMPA FL 33614

Mailing Address

4532 W. KENNEDY BLVD
#132
TAMPA FL 33609

10031232



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

8001 North Dale Mabry Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 501C

City & State

Tampa, FL

Zip

Country

33614

U.S.

4. FEI Number

59-3644010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. CLAIR, SEAN

8001 NORTH DALE MABRY HIGHWAY SUITE 501C
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Frank St. Clair

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

8001 N. Dale Mabry Highway Suite 501C

City

Tampa

FL

Zip Code

33614

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

Frank St. Clair FRANK ST. CLAIR Registered Agent

3/01/03

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME ST. CLAIR, SEAN
STREET ADDRESS 4532 W. KENNEDY BLVD., #132
CITY-ST-ZIP TAMPA FL 33614

☒ Delete

TITLE SVP
NAME MOORE, RICHARD
STREET ADDRESS 4532 W. KENNEDY BLVD., #132
CITY-ST-ZIP TAMPA FL 33614

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE D
NAME St. Clair, Frank
STREET ADDRESS 8001 N. Dale Mabry Highway, Suite 501C
CITY-ST-ZIP Tampa, FL 33614

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Frank St. Clair FRANK ST. CLAIR

Date

Daytime Phone #

3/01/03 813925-3353

CR2E034 (10/02)