

2001 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-23-2001 91152 022 ***150.00

DOCUMENT # P00000058032

1. Entity Name

BEACON HEALTH, P.A.

(L)

Principal Place of Business

Mailing Address

~~9136 BONITA BEACH RD~~
~~BONITA SPRINGS FL~~
~~34135~~

~~9136 BONITA BEACH RD~~
~~BONITA SPRINGS FL~~
~~34135~~

2. Principal Place of Business

3501 Health Center Blvd

Suite, Apt. #, etc.

2220

City & State
 Bonita Springs, FL

Zip
 34135

Country
 USA

3. Mailing Address

3501 Health Center Blvd

Suite, Apt. #, etc.

2220

City & State
 Bonita Springs, FL

Zip
 34135

Country
 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1017461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMACK DEBRA J MD
 20781 GROVELINE CT
 ESTERO FL 33928

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.

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!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D MCCORMACK DEBRA J MD
 20781 GROVELINE CT
 ESTERO FL 33928 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D PERKO CYNTHIA MD
 665 MAINSAIL PL
 NAPLES FL 34110 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
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☐ 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 no 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:

Debra J McCormack MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

4/27/01

Date

941-942-2088

Daytime Phone #

CR2E034 (11/00)