

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000058032

FILED
Apr 16, 2003
Secretary of State

Entity Name: BEACON HEALTH, P.A.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD.
STE 2220
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

3501 HEALTH CENTER BLVD.
STE 2220
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-1017461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, DEBRA J M.D.
20781 GROVELINE CT.
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCORMACK, DEBRA J M.D.
Address: 20781 GROVELINE CT.
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: PERKO, CYNTHIA M.D.
Address: 665 MAINSAIL PL.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA J. MCCORMACK

DR.

04/16/2003

Electronic Signature of Signing Officer or Director

Date