

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084729

1. Entity Name

SILVER PALMS MEDICAL CENTER, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90403 023 ***150.00

Principal Place of Business

5650 GULF OF MEXICO DR.
LONGBOAT KEY FL 34277

Mailing Address

5650 GULF OF MEXICO DR.
LONGBOAT KEY FL 34277

00054329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3015 Central Ave

3015 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

#5

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

05-1038585

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNHAM, III, JOHN R ESQ.
ONE SARASOTA TOWER
TWO NORTH TAMiami TRAIL, #500
SARASOTA FL 34236

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!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCIER, BRIDGET	
STREET ADDRESS	5650 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34277	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Mercier-Ossorio	
STREET ADDRESS	3015 Central Ave #5	
CITY-ST-ZIP	Fort Myers FL 33901	
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		
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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		

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Mercier-Ossorio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(941) 936 9466

Daytime Phone #

CR2E034 (10/00)