

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 047 ***150.00

DOCUMENT # **P00000105626**

1. Entity Name

Hospitals of Northwest Florida, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 W Moreland

Suite, Apt. #, etc.

Baptist Hospital

City & State

Pensacola, FL

Zip

32501

Country

USA

3. Mailing Address

13282 Mill Creek Drive

Suite, Apt. #, etc.

Suite 300E

City & State

Laguna Hills, CA

Zip

92653

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3680771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Castro, Paul M.D.

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

2017 Graystone Dr.

City

Pace

FL

Zip Code

32571

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable 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

**Director
Castro, Paul M.D.
2017 Graystone Dr.
Pace, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Director
Archibald, Oliver Patrick M.D.
711 N. Spring St.
Pensacola, FL 32501**

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 (850) 469-7426

DATE

Original Phone #

CR2E034B (12/01)