

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0688291 AT

DOCUMENT # P01000014256

1. Entity Name  
SEVEN RIVERS COMMUNITY HOSPITAL, INC.



FILED

03 APR 25 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3820 STATE ST  
SANTA BARBARA CA 93105

Mailing Address  
3820 STATE ST  
SANTA BARBARA CA 93105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2922711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 SV ☐ Delete  
NAME SILVER, RICHARD B  
STREET ADDRESS 3820 STATE ST  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE DSV ☒ Change ☐ Addition  
NAME Silver, Richard B.  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE P ☐ Delete  
NAME MCKENNA, DONALD  
STREET ADDRESS 6201 N.SUNCOAST BLVD  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200018461362  
05/07/03--01089--028 \*\*150.00

TITLE V ☐ Delete  
NAME HIXON, LAWRENCE G  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

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

TITLE AS ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA FL 93105

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME Dent, Dennis L.  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)