

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
02-25-2002 90066 036 ***150.00

DOCUMENT # P01000025439
1. Entity Name
CAPTIVA HEALTHCARE MANAGEMENT, INC.

Principal Place of Business Mailing Address
801 SOUTH BROAD STREET 801 SOUTH BROAD STREET
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0002542 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
WOODRUFF, RANDALL K
801 SOUTH BROAD STREET
BROOKSVILLE FL 34601
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERLEP, TIMOTHY T 4530 GOLF CLUB LANE BROOKSVILLE FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED 2/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)