

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-25-2002 90100 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063430

1. Entity Name
MACKOUL HOSPITAL SERVICES, INC.

Principal Place of Business Mailing Address

23571 SANDYCREEK TERRACE APT 1201 **23571 SANDYCREEK TERRACE APT 1201**
BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135**

2. Principal Place of Business 3. Mailing Address

10087 IDLE PINE LANE **10087 IDLE PINE LAKE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BONITA SPRINGS, FL **BONITA SPRINGS, FL**

Zip Country Zip Country

34135 **LEE** **34135** **LEE**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3726825 Not Applicable

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

MASSIE, CHARLES A Name
12065 METRO PARKWAY SUITE 101 Street Address (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33912 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 _____ (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, 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	PD MACKOUL, DAVID A 23571 SANDYCREEK TERRACE APT 1201 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10087 IDLE PINE LANE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST. PIERRE-MACKOUL, ANNETTE M 23571 SANDYCREEK TERRACE APT 1201 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10087 IDLE PINE LANE BONITA SPRINGS, FL 34135
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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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *David A. Mackoul* **DAVID A. MACKOUL, MD** **1/23/02** **941-573-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)