

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90085 020 \*\*\*150.00

**DOCUMENT #** P02000068141 *(L)*

**1. Entity Name**  
TIERRA VERDE MEDICAL CENTER, INC.



**Principal Place of Business**  
1110 PINELLAS BAYWAY  
UNITS 113 & 114  
TIERRA VERDE FL 33715

**Mailing Address**  
584 CRYSTAL DRIVE  
MADEIRA BEACH FL 33708

**55048904**

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
366 6th Ave. No.

**City & State**  
Tierra Verde FL

**City & State**  
Tierra Verde FL

**Zip**  
33715

**Country**  
USA

**4. FEI Number**  
03-0463021

**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**  
SCHERER, MARIE-FRANCE M.D.  
584 CRYSTAL DRIVE  
MADEIRA BEACH FL 33708

**366 6th Ave. N.  
Tierra Verde FL 33715**

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

**SIGNATURE** *(Signature)* **5/5/03**  
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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SCHERER, MARIE-FRANCE M.D. 584 CRYSTAL DRIVE MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>366 6th Ave N. TIERRA VERDE FL 33715</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> SCHERER, ALAIN R 584 CRYSTAL DRIVE MADEIRA BEACH FL 33708 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>366 6th Ave N. Tierra Verde FL 33715</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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)* **5/5/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)

*Attachment**55048904**#PO 2000068147*

DATE May 6, 2003

Alan Scherer and Scruggs

584 Crystal Dr.

Madeira Beach, FL 33708

Dear Alan Scherer,

This is in response to your recent inquiry.

I was disappointed to learn of the situation that you encountered with your postal service. It is my understanding that on April 10, 2003, you filed a change-of-address order from 584 Crysyal Dr. Maderia Beach Fl. 33708. Unfortunately, your mail was not forwarded as requested.

Please be assured that it is our mission to provide you with quality postal services, and we are committed to accomplishing this goal. To ensure that your mail is forwarded properly in the future, we will monitor this situation. Every effort will be made to improve your level of service.

Please accept my sincere apology for any inconvenience you may have experienced. It is my hope that this letter will be of assistance in explaining to your creditors and correspondents your unfortunate circumstances.

Sincerely,

A handwritten signature in cursive script that reads "Rami Skye".

Postmaster

*Del Supervisor*