

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90102 038 ***150.00

DOCUMENT # P02000068257

1. Entity Name

BRANDON HEALTH MANAGEMENT, INC.



Principal Place of Business

**9251 DAYFLOWER DRIVE
TAMPA FL 33647**

Mailing Address

**9251 DAYFLOWER DRIVE
TAMPA FL 33647**

70012313



2. Principal Place of Business

9270 Bay Plaza Blvd

3. Mailing Address

9270 Bay Plaza Blvd

Suite, Apt. #, etc.

STE 620

Suite, Apt. #, etc.

STE 620

City & State

Tampa FL

City & State

Tampa FL

Zip

33619

Country

USA

Zip

33619

Country

USA

4. FEI Number

30-6088362

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

HUBSMITH, LINDA

9251 DAYFLOWER DRIVE

TAMPA FL 33647

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, 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

TITLE **D** ☐ Delete
NAME **HUBSMITH, LINDA**
STREET ADDRESS **9251 DAYFLOWER DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ Delete
NAME **CHIARAMONTE, JOSEPH**
STREET ADDRESS **2505 MILLER WOOD COURT**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ Delete
NAME **UMBERGER, JULIE**
STREET ADDRESS **2328 VALRICO FOREST DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
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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 #

1/14/03

813-627-3222

CR2E034 (10/02)