

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33001

1. Entity Name

MEDCATH OF NORTH CAROLINA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 003 ***150.00

Principal Place of Business

Mailing Address

7621 LITTLE AVE.
STE. 106
CHARLOTTE NC 28226
US

7621 LITTLE AVE.
STE. 106
CHARLOTTE NC 28226-8404
US

2. Principal Place of Business

10720 Sikes Pl

3. Mailing Address

10720 Sikes Pl.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28277

Country

USA

Zip

28277

Country

USA

4. FEI Number

56-1635096

Applied For

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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 PD ☐ Delete
NAME PUCKETT, STEPHEN R
STREET ADDRESS 7621 LITTLE AVE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226

TITLE ☐ Change ☐ Addition
NAME See attached listing
STREET ADDRESS
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME BARNETT, JEFFREY L
STREET ADDRESS 7621 LITTLE AVE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226

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

TITLE PT ☐ Delete
NAME HEARN, THOMAS K III
STREET ADDRESS 7621 LITTLE AVE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226

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

TITLE VD ☐ Delete
NAME CRANE, DAVID
STREET ADDRESS 7232 ST CLAIR DR
CITY-ST-ZIP CHARLOTTE NC

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

TITLE P ☐ Delete
NAME MOORE, R. WILLIAM JR.
STREET ADDRESS 7621 LITTLE AVE SUITE 106
CITY-ST-ZIP CHARLOTTE NC 28226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

478.00

704-708-6600

CR2F034 (9/99)