

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90049 024 ***150.00

05/15/02 AT

DOCUMENT # P33001

1. Entity Name
MEDCATH OF NORTH CAROLINA, INC.

Principal Place of Business 10720 SIKES, PL 300 CHARLOTTE NC 28277 US	Mailing Address 10720 SIKES PL 300 CHARLOTTE NC 28277 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1635096		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME C PUCKETT, STEPHEN R	<input type="checkbox"/> Delete	TITLE NAME HARRIS, JAMES E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10720 SIKES PLACE SUITE 300		STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC 28277		CITY-ST-ZIP	
TITLE NAME VD HARRIS, JAMES E	<input type="checkbox"/> Delete	TITLE NAME HEARN, THOMAS K III	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10720 SIKES PLACE SUITE 300		STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC 28277		CITY-ST-ZIP	
TITLE NAME V HEARN, THOMAS K III	<input type="checkbox"/> Delete	TITLE NAME CRANE, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10720 SIKES PLACE SUITE 300		STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC 28277		CITY-ST-ZIP	
TITLE NAME DP CRANE, DAVID	<input type="checkbox"/> Delete	TITLE NAME MOORE, WILLIAM R. JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10720 SIKES PLACE SUITE 300		STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC 28277		CITY-ST-ZIP	
TITLE NAME V MOORE, WILLIAM R. JR.	<input type="checkbox"/> Delete	TITLE NAME SONG, PHIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10720 SIKES PLACE SUITE 300		STREET ADDRESS	
CITY-ST-ZIP CHARLOTTE NC 28277		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)(f), 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/22/02** **704-708-6600**

Date Daytime Phone #

CR2E034 (9/01)