

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90158 030 \*\*\*150.00

0540572

**DOCUMENT # P93000042391**

1. Entity Name

**SEBASTIAN HOSPITAL, INC.**

Principal Place of Business

**5811 PELICAN BAY BLVD.  
SUITE 500  
NAPLES FL 34108  
US**

Mailing Address

**5811 PELICAN BAY BLVD.  
SUITE 500  
NAPLES FL 34108  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0425888**

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, 2001 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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD SCHOEN, WILLIAM J 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108	<input checked="" type="checkbox"/>		
DSV PARRY, TIMOTHY R 5811 PLECAN BAY BLVD SUITE 500 NAPLES FL 34108	<input type="checkbox"/>		
VTD RAY, STEPHEN M 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108	<input checked="" type="checkbox"/>		
P VUMBACCO, JOSEPH V 5811 PELICAN BAY BLVD, SUITE 500 NAPLES FL 34108	<input type="checkbox"/>		
VC HOLLAND, EARL 5811 PELICAN BAY BLVD., SUITE 500 NAPLES FL 34108	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>	VTD Farnham, Robert E. 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Robert E. Farnham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Farnham

3-15-2001

(941) 598-3051

Date

Daytime Phone #

CR2E034 (10/00)