

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90373 001 \*\*\*750.00

**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  
**13695 US Highway 1  
Suite, Apt. #, etc.**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**Sebastian, FL**

City & State

4. FEI Number **65-0425888**

Applied For  
Not Applicable

Zip  
**32958-3230**

Country

Zip  
**34108-2710**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**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 **33324-4413**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV PARRY, TIMOTHY R 5811 PELICAN BAY BLVD SUITE 500 NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VUMBACCO, JOSEPH V 5811 PELICAN BAY BLVD, SUITE 500 NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD FARNHAM, ROBERT E 5811 PELICAN BAY BLVD STE., 500 NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34108-2710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34108-2710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>34108-2710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Peter M. Lawson 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jon P. Vollmer 5811 Pelican Bay Blvd., Suite 500 Naples, FL 34108-2710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Timothy R. Parry* **Senior Vice President** **3/21/03** **(239) 598-3176**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)