## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **P94000038864** May 01, 2000 8:00 am Secretary of State WEST BAY MEDICAL CENTERS, INC. 05-01-2000 90392 001 \*\*\*150.00 Principal Place of Business Mailing Address 5010 MILE STRETCH DRIVE 5010 MILE STRETCH DRIVE 28870 U.S. HWY, 19 28870 U.S. HWY. 19 HOLIDAY FL 34690-4431 HOLIDAY FL 34690 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3248890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REPKA, DENNIS L Street Address (P.O. Box Number is Not Acceptable) **HODUSA TOWER - SUITE 408** 28870 U.S. HIGHWAY 19 CLEARWATER FL 34621-2564 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST Change Addition ☐ Delete TITLE TURRO, JOSE M. NAME NAME STREET ADDRESS 5010 MILE STRETCH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL Change ☐ Addition ☐ Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS 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

SIGNATURE

Date

Date