

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000041477

1. Entity Name

FLORIDA HEALTH SERVICES OF LEE & CHARLOTTE,

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 001 ***150.00

Principal Place of Business	Mailing Address
1008 NE 7th TERRACE SUITE A CAPE CORAL FL 33909	1008 NE 7th TERRACE SUITE A CAPE CORAL FL 33909

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
 65-0499267

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRUAX, JULIE
 1008 NE 7th TERRACE
 SUITE A
 CAPE CORAL FL 33909

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

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

(NOTE: Registered Agent signature required when reinitiating)

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 \$15.00
After MAY 17, 2000 FEE WILL BE \$20.00
Make Check Payable to DOR

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	D	TRUAX, DONALD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		1008 NE 7th TERRACE		NAME			
STREET ADDRESS		CAPE CORAL FL 33909		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	TRUAX, JULIE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME		1008 NE 7th TERRACE		NAME			
STREET ADDRESS		CAPE CORAL FL 33909		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Truax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Telephone Number