

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074517

1. Entity Name

HEALTHCORP OF FLORIDA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90014 012 ***550.00

Principal Place of Business

125 S.W. SEVENTH STREET
WILLISTON FL 32696

Mailing Address

735 BROAD STREET
SUITE 900, JAMES BLDG.
CHATTANOOGA TN 37402

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

59-3272556

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME FARRELL, HAYES T
STREET ADDRESS 900 JAMES BLDG 735 BROAD STREET
CITY-ST-ZIP CHATTANOOGA TN 37402

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME GESELBRACHT, KIM G
STREET ADDRESS 900 JAMES BLDG 735 BROAD ST
CITY-ST-ZIP CHATTANOOGA TN 37402

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME AS ROGERS, JAMES C
STREET ADDRESS 900 JAMES BLDG 735 BROAD STREET
CITY-ST-ZIP CHATTANOOGA TN 37402

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Hayes T. Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00
Date

423-267-8406
Daytime Phone #

CR2E034 (5/00)