

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087281

1. Entity Name

REGIONAL HEARTCARE, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90004 004 \*\*\*150.00

Principal Place of Business

Mailing Address

2699 LEE RD  
SUITE 100  
WINTER PARK FL 32789

2699 LEE RD  
SUITE 100  
WINTER PARK FL 32789-1738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

601 OAK COMMONS BLVD. 601 Oak Commons Blvd.

KISSIMMEE, FL

Kissimmee, Florida

4. FEI Number

59-3259579

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

WEIDNER, DONALD W  
10161 CENTURION PKWY N  
SUITE 190  
JACKSONVILLE FL 32256

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, 2000 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 D ☐ Delete  
NAME BARRETT, ROBERT L  
STREET ADDRESS 801 W OAK ST SUITE 202  
CITY-ST-ZIP KISSIMMEE FL 32741

TITLE D ☒ Change ☐ Addition  
NAME Barrett, Robert L.  
STREET ADDRESS 601 Oak Commons Blvd.  
CITY-ST-ZIP Kissimmee, Florida 34741

TITLE P ☒ Delete  
NAME KARUNARATNE, H.B.  
STREET ADDRESS 2699 LEE RD SUITE 100  
CITY-ST-ZIP WINTER PARK FL

TITLE P ☒ Change ☐ Addition  
NAME MASSEY, JOHNSON P.  
STREET ADDRESS 601 Oak Commons Blvd.  
CITY-ST-ZIP Kissimmee, FL 34741

TITLE ST ☐ Delete  
NAME KIM, JAE S  
STREET ADDRESS 585 MAITLAND AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ST ☒ Change ☐ Addition  
NAME Kim, Jae S.  
STREET ADDRESS 5840 W. COLONIAL DR., SUITE # 1  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☒ Delete  
NAME MASSEY, JOHNSON P  
STREET ADDRESS 801 W OAK ST SUITE 202  
CITY-ST-ZIP KISSIMMEE FL 32741

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 of JAE S. Kim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAE S. Kim 4/20/2000

Date

Daytime Phone #

407-291-2440

CR2E034 (9/99)