FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91110 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80059012

DOCUMENT # P95000012131

1. Entity Name
CHIEFLAND MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
THEODORE M. BURT 114 NORTHEAST FIRST STREET TRENTON, FL 32693	THEODORE M. BURT POST OFFICE BOX 308 TRENTON, FL 32693

☐ CHECK HERE IF MAKING CHANGES

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 59-3321005 ☐ 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
BURT, THEODORE M 114 NORTHEAST FIRST STREET TRENTON, FL 32693	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________________________
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST SANDERS, TAMMY 1113 NW 23RD CHIEFLAND, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Tammy Sanders, President 3/17/03 352-493-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 80059012
P95000012131

BURT & FEATHER
Attorneys at Law
114 Northeast First Street
Post Office Box 308
Trenton, Florida 32693

Theodore M. Burt
Mark J. Feather
Patti Lee Meeks

(352) 463-2348
fax (352) 463-6908

March 17, 2003

Division of Corporations
Uniform Business Report
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Chiefland Medical Center Inc.
Federal ID# 59-3321005

Gentlemen:

Enclosed please find the 2003 Uniform Business Report regarding the referenced corporation, together with a check in the amount of $150.00 to cover the filing fee.

Yours truly,

Susan Thorsen

Susan Thorsen
Legal Assistant

/st

Enclosures: Report
Check

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