

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038581

1. Entity Name

COMMUNITY HEALTH CARE SYSTEMS, INC.

FILED

Jul 24, 2000 8:00 am  
Secretary of State

07-24-2000 90013 004 \*\*\*550.00

Principal Place of Business

2301 LUCIEN WAY  
STE 440  
MAITLAND FL 32751  
US

Mailing Address

2301 LUCIEN WAY  
STE 440  
MAITLAND FL 32751  
US

2. Principal Place of Business

102 W. Pineloch Ave.

3. Mailing Address

102 W. Pineloch Ave.

Suite, Apt. #, etc.

Ste. 23

Suite, Apt. #, etc.

Ste. 23

City & State

Orlando FL

City & State

Orlando FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. FEI Number

59-3360512

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

EVANS, DAVID L  
225 E ROBINSON ST  
SUITE 600  
ORLANDO FL 32801

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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD  
NAME HILLENMEYER, JOHN  
STREET ADDRESS 1414 KUHLE AVE  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BOZARD, JOHN W  
STREET ADDRESS 1414 KUHLE AVE  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HODGES, KARL W  
STREET ADDRESS 1414 KUHLE AVE  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME KLINE, SUZANNE C  
STREET ADDRESS 2301 LUCIEN WAY STE 440  
CITY-ST-ZIP MAITLAND FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME ANTON, MANUEL P. III  
STREET ADDRESS 875 CYNTHIANA CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME STEPHENS, SAM M.D.  
STREET ADDRESS 2876 S OSCEOLA AVE  
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

*Steph M. Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

7-17-00

Date

407-481-7100

Daytime Phone #