

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # P95000038581**

1. Entity Name  
**COMMUNITY HEALTH CARE SYSTEMS, INC.**

Principal Place of Business 2301 LUCIEN WAY STE 440 MAITLAND FL 32751 US	Mailing Address 2301 LUCIEN WAY STE 440 MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 102 W. Pineloch Ave. Suite, Apt. #, etc. Ste. 23 City & State Orlando FL Zip 32806 Country USA	3. Mailing Address 102 W. Pineloch Ave. Suite, Apt. #, etc. Ste. 23 City & State Orlando FL Zip 32806 Country USA
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4. FEI Number 59-3360512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**EVANS, DAVID L**  
**225 E ROBINSON ST**  
**SUITE 600**  
**ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HILLENMEYER, JOHN</b> <b>1414 KUHL AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOZARD, JOHN W</b> <b>1414 KUHL AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HODGES, KARL W</b> <b>1414 KUHL AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KLINE, SUZANNE C</b> <b>2301 LUCIEN WAY STE 440</b> <b>MAITLAND FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ANTON, MANUEL P. III</b> <b>875 CYNTHIANNA CIRCLE</b> <b>ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENS, SAM M.D.</b> <b>2876 S OSCEOLA AVE</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* **REQUIRED** **7-17-00** **407-481-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #