

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90113 001 *1,100.00

DOCUMENT # P95000044904

1. Entity Name
ST. LUKE'S MEDICINE CENTER, INC.

Principal Place of Business
**38026 MEDICAL CENTER DRIVE
ZEPHYRHILLS FL 33540
US**

Mailing Address
**38026 MEDICAL CENTER DRIVE
ZEPHYRHILLS FL 33540
US**

2. Principal Place of Business
38184 MEDICAL CTR AVE
Suite, Apt. #, etc.

3. Mailing Address
38184 Medical CTR AVE
Suite, Apt. #, etc.

City & State
Zephyrhills FL
Zip
33540
Country
PASCO

City & State
Zephyrhills FL
Zip
33540
Country
PASCO

4. FEI Number
59-3315679

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, J. TODD
17928 PALOMINO LK DR
DADE CITY FL 33525**

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 _____
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 12, 2001 Fee 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	DP MILLER, TODD 17928 PALOMINO LK DR DADE CITY FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, J. TODD 17928 PALOMINO LK DR DADE CITY FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, TODD 17928 PALOMINO LK DR DADE CITY FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	38184 MEDICAL CTR AVE Zephyrhills, FL 33540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

813-715-4440

Date

Daytime Phone #

CR2E034 (5/01)