

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90102 012 ***150.00

DOCUMENT # P95000047433

1. Entity Name

FLORIDA MEMORIAL HEALTHCARE CORPORATION

Principal Place of Business

Mailing Address

1061 MEDICAL CENTER DRIVE
 STE 308
 ORANGE CITY FL 32763
 US

770 W GRANADA BLVD
 STE 301
 ORMOND BEACH FL 32174-5180
 US

2. Principal Place of Business

770 W. Granada Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

Ormond Beach, FL

4. FEI Number

59-3349558

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~TRIMBLE, T. L.
 2400 BEDFORD RD
 ORLANDO FL 32803~~

7. Name and Address of New Registered Agent

Name *Camille Kendrick*

Street Address (P.O. Box Number is Not Acceptable)
770 W. Granada Blvd

Suite 210

City *Ormond Beach*

FL

Zip Code *32174*

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 *Camille Kendrick, Executive Director* *3-1-2000*
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPDT	REINER, RICH	601 EAST ROLLINS STREET	ORLANDO FL	<input type="checkbox"/>
ASD	WATSON, CLARE	875 STERTHAUS AVENUE	ORMOND BEACH FL	<input type="checkbox"/>
ASD	BROWNLOW, JOHN	601 EAST ROLLINS STREET	ORLANDO FL	<input type="checkbox"/>
D	PATTON, MELODIE	601 E. ROLLINS STREET	ORLANDO FL	<input type="checkbox"/>
D	DIETRICH, PATRICIA	770 W GRANADA BLVD STE 301	ORMOND BEACH FL 32174	<input type="checkbox"/>
PD	LIND, RICHARD A	875 STERTHAUS AVE.	ORMOND BEACH FL 32174	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Clare J. Watson* Assistant Secretary 904-615-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)