

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

City & State

Zip

32174

Country

USA

Zip

Country

4. FEI Number

59-3349558

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

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

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

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)