

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

0001788 AV

08-20-2001 90070 046 ***550.00

DOCUMENT # P95000047433

1. Entity Name
FLORIDA MEMORIAL HEALTHCARE CORPORATION

Principal Place of Business
**770 W. GRANADA BLVD.
 STE 210
 ORMOND BEACH FL 32174
 US**

Mailing Address
**770 W GRANADA BLVD
 STE 301
 ORMOND BEACH FL 32174
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
770 W Granada Blvd.
 Suite, Apt. #, etc.
210
 City & State
Ormond Beach, FL
 Zip Country
32174 U.S.

DO NOT WRITE IN THIS SPACE

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
**KENDRICK, CAMILLE
 770 W. GRANADA BLVD.
 SUITE 210
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent
 Name **Sherrin Safford**
 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 **Sherrin Safford** **Sherrin Safford** **8-14-01**
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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT REINER, RICH 601 EAST ROLLINS STREET ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LARRY SCHALK CFO WATSON, CLARE 875 STERTHAUS AVENUE ORMOND BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BROWNLOW, JOHN 601 EAST ROLLINS STREET ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, MELODIE 601 E. ROLLINS STREET ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETRICH, PATRICIA <i>Mile Gentry</i> CEO 770 W GRANADA BLVD STE 301 875 Sterthaus Ave ORMOND BEACH FL 32174 Ormond Beach, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIND, RICHARD A <i>Joe Johnson</i> CEO 875 STERTHAUS AVE / 055 SAXON BLVD ORMOND BEACH FL 32174 Orange City, FL 32763 <input type="checkbox"/> Delete	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: **Sherrin Safford** **8-14-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)