

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-20-2001 90070 046 ***550.00

0001788 AV

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3349558

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPDT** ☐ Delete
 NAME **REINER, RICH**
 STREET ADDRESS **601 EAST ROLLINS STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASD LARRY SCHALK CFO** ☐ Delete
 NAME **WATSON, CLARE**
 STREET ADDRESS **875 STERTHAUS AVENUE**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASD** ☐ Delete
 NAME **BROWNLOW, JOHN**
 STREET ADDRESS **601 EAST ROLLINS STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PATTON, MELODIE**
 STREET ADDRESS **601 E. ROLLINS STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DIETRICH, PATRICIA** **Mike Gentry CEO**
 STREET ADDRESS **770 W GRANADA BLVD STE 301 875 Sterthaus Ave**
 CITY-ST-ZIP **ORMOND BEACH FL 32174 Ormond Beach, FL 32174**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **LIND, RICHARD A** **Joe Johnson CEO**
 STREET ADDRESS **875 STERTHAUS AVE / 055 Saxon Blvd**
 CITY-ST-ZIP **ORMOND BEACH FL 32174 Orange City, FL 32763**

TITLE ☐ Change ☐ 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:

Sherrin Safford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-01
 Date

Daytime Phone #

CR2E034 (5/01)