

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90095 022 \*\*\*150.00

**DOCUMENT # P95000047433**

**1. Entity Name**  
**FLORIDA MEMORIAL HEALTHCARE CORPORATION**



**Principal Place of Business**  
**770 W. GRANADA BLVD.**  
**SUITE 317**  
**ORMOND BEACH FL 32174**  
**US**

**Mailing Address**  
**770 W. GRANADA BLVD.**  
**SUITE 317**  
**ORMOND BEACH FL 32174**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3349558**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TRIMBLE, TL**  
**111 N ORLANDO AVENUE**  
**WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**



**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **EVP** ☐ Delete  
**NAME** **REINER, RICH**  
**STREET ADDRESS** **601 EAST ROLLINS STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32803**

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

**TITLE** **VP** ☐ Delete  
**NAME** **BROWNLOW, JOHN**  
**STREET ADDRESS** **601 EAST ROLLINS STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32803**

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

**TITLE** **D** ☐ Delete  
**NAME** **PATTON, MELODIE**  
**STREET ADDRESS** **601 EAST ROLLINS STREET**  
**CITY-ST-ZIP** **ORLANDO FL 32803**

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

**TITLE** **CEO** ☐ Delete  
**NAME** **GENTRY, MIKE**  
**STREET ADDRESS** **875 STERTHANS AVENUE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

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

**TITLE** **CEO** ☐ Delete  
**NAME** **JOHNSON, JOSEPH**  
**STREET ADDRESS** **875 STERTHANS AVENUE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

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

**TITLE** **PD** ☐ Delete  
**NAME** **JOHNSON, JOE**  
**STREET ADDRESS** **1055 SAXON BLVD.**  
**CITY-ST-ZIP** **ORANGE CITY FL 32763**

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

**12. 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 10 or Block 11 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

Date

Daytime Phone #

9-9-03

CR2E034 (4/03)



*Attachment*  
**FLORIDA HOSPITAL**  
*Memorial Division*

*80147479*  
*#195000047433*

September 9, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Florida Memorial HealthCare Corp  
EIN: 59-3349558  
770 W. Granada Blvd., Suite 317  
Ormond Beach, FL 32174

Dear Sir or Madam,

I am writing this letter to request that the late filing fee of \$400.00 be waived. The corporation did not receive the original filing request. The first request received was the 60 day notice, received after May 1, 2003.

Thank you in advance for honoring this request.

Sincerely,

Michael V. Gentry  
Chief Executive Officer

MVG:cf