

2000 UNIFORM BUSINESS REGISTER (UBR)

3/

DOCUMENT # P95000061130

1. Entity Name

WESTMED MEDICAL CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-25-2000 90013 036 ***150.00

Principal Place of Business

4130 TAMiami TRAIL
SUITE 300
PORT CHARLOTTE FL 33952

Mailing Address

4130 TAMiami TRAIL
SUITE 300
PORT CHARLOTTE FL 33952-9207

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 65-0600341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSHMAN, LLOYD
4130 TAMiami TRAIL
SUITE 300
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHMAN, LLOYD	
STREET ADDRESS	% 4130 TAMiami TRAIL SUITE 300	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHMAN, IRA	
STREET ADDRESS	% 4130 TAMiami TRAIL SUITE 300	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHMAN, KENNETH	
STREET ADDRESS	% 4130 TAMiami TRAIL SUITE 300	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA E	
STREET ADDRESS	% 4130 TAMiami TRAIL SUITE 300	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lloyd Hershman, Director

4-10-02 305 221 7235
217 21