

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90002 040 ***150.00

DOCUMENT # P95000081401

1. Entity Name

MEDICAL CAMPUS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

ST. LUCIE WEST BLVD
 ST LUCIE FL 34995

P.O. BOX 9010
 STUART FL 34995-9010

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 **65-0605328**

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

-CRARY, LAWRENCE E III
555 COLORADO AVE.
STUART FL 34994

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMAN, RICHMOND M 301 HOSPITAL AVENUE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBITAILLE, MARK 301 HOSPITAL AVENUE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIARENI, JOHN 301 HOSPITAL AVENUE STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COCORULLO, MARK P.O. BOX 9010 STUART, FL. 34995-9010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBBINS, HOWARD MD P.O. BOX 9010 STUART, FL. 34995-9010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zimmerman, Mark P.O. Box 9010 Stuart, FL. 34995	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPPER, KAREN P.O. BOX 9010 STUART, FL. 34995-9010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HARMAN, RICHMOND M 301 HOSPITAL AVENUE STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ROBITAILLE, MARK 301 HOSPITAL AVENUE STUART FL 34995	<input checked="" 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:

R. M. Harman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

(561) 287-5200

Daytime Phone #

CR2E034 (9/99)