

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90064 017 ***150.00

DOCUMENT # P95000081401

1. Entity Name

MEDICAL CAMPUS MANAGEMENT, INC.

Principal Place of Business

**1095 ST. LUCIE WEST BLVD
PORT ST LUCIE FL 34995**

Mailing Address

**P.O. BOX 9010
STUART FL 34995**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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, 2001 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** ☐ Delete
NAME **HARMAN, RICHMOND M**
STREET ADDRESS **301 HOSPITAL AVENUE**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
NAME **ROBITAILLE, MARK**
STREET ADDRESS **301 HOSPITAL AVENUE**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
NAME **TAGLIARENI, JOHN**
STREET ADDRESS **301 HOSPITAL AVENUE**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **TD** ☐ Change ☒ Addition
NAME **COCORULLO, L. MARK**
STREET ADDRESS **201 HOSPITAL AVE**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **SD** ☐ Change ☒ Addition
NAME **ROBBINS, HOWARD MD**
STREET ADDRESS **201 HOSPITAL AVE.**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **D** ☐ Change ☒ Addition
NAME **RIPPER, KAREN**
STREET ADDRESS **201 HOSPITAL AVE**
CITY-ST-ZIP **STUART, FL 34994**

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.

Richmond M. Harman

SIGNATURE:

RM Harman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2001

(561) 287-5200

CR2E034 (10/00)