

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011297

1. Entity Name

FOUNTAIN HEALTH SERVICES, INC.

Principal Place of Business

3435 FOX RUN ROAD
SARASOTA FL 34231

Mailing Address

3435 FOX RUN ROAD
SARASOTA FL 34231

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 **59-3365663**

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

LAMBRECHT, WILLIAM G ESQ.
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BLIVAS, DONALD R**
STREET ADDRESS **143 BEACH ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ Delete
NAME **FIALA, FRED**
STREET ADDRESS **335 MORNINGSIDE DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ Delete
NAME **ROWE, JOHN E**
STREET ADDRESS **249 BIRD KEY DR**
CITY-ST-ZIP **SARASOTA FL**

TITLE **ST** ☐ Delete
NAME **NEWBERRY, JERRY**
STREET ADDRESS **4115 CENTER GATE BLVD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

941-923-1525

Daytime Phone #

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

05-15-2001 90063 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)