

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90179 014 ***150.00

00633804 FP

DOCUMENT # P96000060757

1. Entity Name
COMMUNITY HEALTHCARE CENTER OF PENSACOLA, INC.



Principal Place of Business
**6770 NORTH 9TH AVENUE
PENSACOLA FL 32504**

Mailing Address
**1200 BISCAYNE BLVD
#509
NO MIAMI FL 33181**



2. Principal Place of Business

3. Mailing Address

230 N Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 26+27

City & State

City & State

HOLLYWOOD, FL.

Zip

Country

33020

Country

BROWARD

4. FEI Number

59-3389677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEIGHT, PAUL J
1200 BISCAYNE BLVD
SUITE #509
NO MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Same PAUL J. LEIGHT

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

**230 N. Dixie Highway
BAY 26+27**

City

HOLLYWOOD

FL

Zip Code

33020

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGHT, PAUL 12000 BISCAYNE BLVD STE 509 NORTH MIAMI FL 33181	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

4/8/03 1-954-342-5415

CR2E034 (10/02)