

2002 UNIFORM BUSINESS REPORT (UBR)

0455175 AV

DOCUMENT # P96000072802

1. Entity Name
TRILLIUM HEALTH NETWORK, INC.

FILED

02 APR 30 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2631 MCCORMICK DR
STE 102
CLEARWATER FL 33759
US

Mailing Address

2631 MCCORMICK DR
STE 102
CLEARWATER FL 33759
US

2. Principal Place of Business

2637 McCormick Dr

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Address

City & State

Clearwater, FL

City & State

4. FEI Number 59-3396806

Applied For
Not Applicable

Zip 33759

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COATES, BOBBY L
2631 MCCORMICK DR
STE 102
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Thurman, Marcy J
Street Address (P.O. Box Number is Not Acceptable)

2637 McCormick Dr.
City Clearwater FL Zip Code 33759

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 Marcy J. Thurman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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, 2002 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 PS
NAME COATES, BOBBY L
STREET ADDRESS 2631 MCCORMICK DR STE 102
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S
NAME Bobby L. Coates
STREET ADDRESS 2637 McCormick Dr.
CITY-ST-ZIP Clearwater, FL 33759 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-669-4522

Date

Daytime Phone #

CR2E034 (9/01)