

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90040 001 \*\*\*300.00

**DOCUMENT # P96000098693**

1. Entity Name  
**MELBOURNE MEDICAL CENTER, INC.**

|   |         |  |         |
|---|---------|--|---------|
| Principal Place of Business<br>23123 S STATE RD 7, SUITE 103<br>BOCA RATON FL |         | Mailing Address<br>23123 S STATE RD 7, SUITE 103<br>BOCA RATON FL 33428-5407 |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                         |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                    |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |

4. FEI Number **65-0712212** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>BLODIG, GREGORY J<br/>GREENSPOON, MARDER, HIRSCHFEL ETAL<br/>100 W CYPRESS CREEK RD, SUITE 700<br/>FT LAUDERDALE FL 33309</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JANKE, WALTER</b><br><b>23123 S STATE RD 7, SUITE 103</b><br><b>BOCA RATON FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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] **REQUIRED** Date 4/14/00 Daytime Phone # 561-794-0030

CR2E034 (9/99)