AMEnded Amended

2001 UNIFORM BUSINESS REPORT (UBF

07-24-2001 90017 002 ****61.25
P97000021951

FILED

01 AUG -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021951

1. Entity Name

Coral Springs Therapeutic Medical Center, Inc.

Principal Place of Business	Mailing Address
7166 Nob Hill Road Tamarac, Florida 33321	7166 Nob Hill Road Tamarac, Florida 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0738034 ☐ Applied Fc ☐ Not Applic

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

6. Name and Address of Current Registered Agent

Jeff M. Novatt, Esquire
Cheffy, Passidomo, Wilson & Johnson
821 5th Avenue South, Suite 201
Naples, Florida 34102

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

is corporation is eligible to satisfy its Intangible ...x 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 Sta...

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Albert Arana 7166 Nob Hill Road Tamarac, Florida 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President; Director John R. Picciano 7166 Nob Hill Road Tamarac, Florida 33321	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer; Director Michael Donlevy 7166 Nob Hill Road Tamarac, Florida 33321	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary; Director Jim O'Shea 7166 Nob Hill Road Tamarac, Florida 33321	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 informati... 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 direc... 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 ... changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-27-01 (941) 263-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John R. Picciano, President