

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045525

1. Entity Name

HAMPTON HEALTHCARE CORPORATION OF DUNNELLON

Principal Place of Business

12980 S.W. HIGHWAY 484
DUNNELLON FL 34432

Mailing Address

12980 S.W. HIGHWAY 484
DUNNELLON FL 34432

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, PEDER L
10590 SE 62ND AVE.
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name

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

City

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's 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

TITLE P ☐ Delete
NAME JOHNSON, LEONARD W.
STREET ADDRESS 10590 SE 62ND AVE.
CITY- ST- ZIP BELLEVUE FL 34420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Leonard W. Johnson

Date

4/20/01

Daytime Phone #

352-465-0300

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90313 023 ***158.75

A0057929



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467942

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E034 (10/00)