

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054882

1. Entity Name

SOUTHWEST HEALTH, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90182 031 ***150.00

Principal Place of Business
7405 Biltmore Dr.
~~5235 CALLE DE COSTA RICA~~
SARASOTA FL 34242
US 34231

Mailing Address
P.O. BOX 35303
SARASOTA FL 34242-5303
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0762942

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALMADGE, KEVIN J
~~5235 CALLE DE COSTA RICA~~ 7405 Biltmore Dr.
SARASOTA FL 34242 34231

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TALMADGE, KEVIN J
~~5235 CALLE DE COSTA RICA~~ 7405 Biltmore Dr.
SARASOTA FL 34242 34231

☐ Delete

TITLE
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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: KEVIN J. TALMADGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 (941) 278-4442
Date Daytime Phone #

CR2E034 (9/99)