

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000054882****1. Entity Name**
SOUTHWEST HEALTH, INC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90023 013 ***150.00

Principal Place of Business7465 BILTMORE DR
SARASOTA FL 34231
US**Mailing Address**~~P.O. BOX 35303
SARASOTA FL 34278
US~~

00041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7465 Biltmore Dr

Suite, Apt. #, etc.

City & State**City & State**

Sarasota

4. FEI Number

65-0762942

Applied For

Not Applicable

Zip**Country****Zip****Country**

FL

USA

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
7465 BILTMORE DR
SARASOTA FL 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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete
NAME TALMADGE, KEVIN J
STREET ADDRESS 7465 BILTMORE DR
CITY-ST-ZIP SARASOTA FL 34231**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-7-01 (941) 278-4442

CR2E034 (10/00)