

2001 UNIFORM BUSINESS REPORT (UBR)

0435423

DOCUMENT # P97000056744

1. Entity Name
SOLTMAN MEDICAL CENTER INC.

FILED
02 APR 25 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
117 N. 5TH ST 117 N. 5TH ST
FT. PIERCE FL 34950 FT. PIERCE FL 34950

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

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE
4. FEI Number 65-0767147
Applied For Not Applicable

6. Name and Address of Current Registered Agent
DODSON MAURY C.
117 N. 5TH ST
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent
Name **AL Johnson**
Street Address (P.O. Box Number is Not Acceptable)
2057 S. USA 1
FT. PIERCE, FL
City **FL** Zip Code **34950**

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 **AL Johnson** DATE **4/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	P	<input checked="" type="checkbox"/> Delete	TITLE	DAMARYS RAVANI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMARYS, RAVANI		NAME	822 ATLANTIC AVE.	
STREET ADDRESS	2420 JERNIGAN RD		STREET ADDRESS	FT. PIERCE, FL 34950	
CITY-ST-ZIP	FT PIERCE FL 34945		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	000005451400--5	
STREET ADDRESS			STREET ADDRESS	-05/06/02--01004--004	
CITY-ST-ZIP			CITY-ST-ZIP	****350.00 ****350.00	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	000005451400--5	
STREET ADDRESS			STREET ADDRESS	-05/06/02--01004--005	
CITY-ST-ZIP			CITY-ST-ZIP	****550.00 ****550.00	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]** DATE **10/23/2001** DAYTIME PHONE # **561 467-9731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)