

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071200

1. Entity Name

CELEBRATION HEALTH MEDICAL GROUP, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 20 PM 4: 33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

400 CELEBRATION PLACE
CELEBRATION FL 34747

Mailing Address

400 CELEBRATION PLACE
CELEBRATION FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3461833

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

TRIMBLE, T L

111 N ORLANDO AVE

WINTER PARK FL 32789

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
HOOVER, ROBERT
661 E. ALTAMONTE DR STE 210
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRATT, ALAN M
610 OAK COMMONS BLVD
KISSIMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILLIS, JACK
3514 OLETHA DR
APOPKA FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUTHERFORD, LOU
390 N ORANGE AVE, STE 1900
ORLANDO FL 32853-8065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOUMANN, LARS
400 CELEBRATION PL
CELEBRATION FL 34747 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REINER, RICHARD
2400 BEDFORD RD
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
TRIMBLE, TAMARA L
111 N ORLANDO AVE
WINTER PARK FL 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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****550.00 ****550.00

SP

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

9/19/01 407-975-1413

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CP2E034 (5/01)