

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096376

1. Entity Name

SWEETWATER MEDICAL OF NORTH FLORIDA, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90028 010 ***150.00

Principal Place of Business 2620 SW 17TH ROAD SUITE 200 OCALA FL 34474 US	Mailing Address 89015 OVERSEAS HWY SUITE 3 TAVERNIER FL 33070-9720 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 9720 Suite, Apt. #, etc.
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City & State Tavernier, FL	4. FEI Number 65-0794281	Applied For <input type="checkbox"/> Not Applicable
Zip 33070-9720	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, CLEVELAND D
89015 OVERSEAS HIGHWAY
SUITE 3
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name -
Street Address (P.O. Box Number is Not Acceptable)
87899 Overseas Highway
City Islamorada FL Zip Code 33036

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 Cathy Battreall DATE 4/4/00
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, CLEVELAND D 89015 OVERS HWY SUITE 3 TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 87899 Overseas Highway Islamorada, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMST BATTREALL, CATHY 89015 OVERSEAS HIGHWAY SUITE 3 TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 87899 Overseas Highway Islamorada, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, ROBERT 89015 OVERSEAS HWY SUITE 3 TAVERNIER FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 87899 Overseas Highway Islamorada, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cathy Battreall DATE 4/4/00 (305) 852 4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)