

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

0127313 AT

08-06-2001 90072 023 ***550.00

DOCUMENT # P98000038560

1. Entity Name
HOPE MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
5611 WEST GULF TO LAKE HWY **5611 WEST GULF TO LAKE HWY**
CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429**

2. Principal Place of Business 3. Mailing Address
1409 E Silver Springs Blvd **PO Box 4740**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA FL **OCALA FL**

Zip Country Zip Country
34470 USA **34478 USA**

4. FEI Number Applied For
59-3609388 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CARRASCAL, IRIS
2480 S W 87TH PLACE
OCALA FL 34476

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HACKETT, DARREL R 601 KETTNER CT. ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Darrel R Hackett* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (5/01)