

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90028 024 \*\*\*150.00

**DOCUMENT #** P-98 0000 59451  
**1. Entity Name** P98000059451  
 St. Lucie Medical Center II of Florida, Inc.

**Principal Place of Business**      **Mailing Address**  
 8468 S. W. 8th St.      8468 S. W. 8th St.  
 Miami, FL 33144      Miami, FL 33144

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

**4. FEI Number** 65-0915375  
 Applied For:  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**  
 Robert Distefano  
 8468 S. W. 8th St.  
 Miami, FL 33144

**7. Name and Address of New Registered Agent**  
 Name: Sheri Russell  
 Street Address (P.O. Box Number is Not Acceptable):  
 4949 North A-1-A Unit 151  
 City: Ft. Pierce, FL      Zip Code: 34949

**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:**  SHERI RUSSELL, PRES.      04/10/00  
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, 2000 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**

TITLE	P/T/S/D	XX Delete
NAME	Robert Distefano	<input checked="" type="checkbox"/>
STREET ADDRESS	8468 S. W. 8th St.	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P/T/S/D	XX Change	<input type="checkbox"/> Addition
NAME	Sheri Russell	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	4949 North A-1-A Unit 151		
CITY-ST-ZIP	Ft. Pierce, FL 34949		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:**  SHERI RUSSELL, PRES.      04/10/00      562-2411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)