

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-08-2000 90028 024 ***150.00

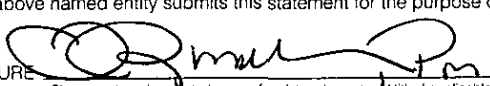
DOCUMENT # P-98 0000 59451
1. Entity Name P98000059451
St. Lucie Medical Center II of Florida, Inc.

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**

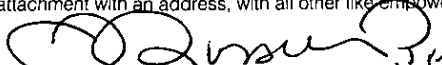
DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
65-0915375 **Not Applicable**
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**
Robert Distefano **Sheri Russell**
8468 S. W. 8th St. **Street Address (P.O. Box Number is Not Acceptable)**
Miami, FL 33144 **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. ☒ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution.**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/T/S/D	<input checked="" type="checkbox"/> Delete	TITLE	P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Distefano		NAME	Sheri Russell	
STREET ADDRESS	8468 S. W. 8th St.		STREET ADDRESS	4949 North A-1-A Unit 151	
CITY-ST-ZIP	Miami, FL 33144		CITY-ST-ZIP	Ft. Pierce, FL 34949	
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		
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:  **SHERI RUSSELL, PRES.** **04/10/00** **561-2411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)