

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90009 030 ***150.00

DOCUMENT # P98000066490

1. Entity Name

SUNSHINE MEDICAL CENTER OF DESTIN, INC.

Principal Place of Business

**350 BLUE MT. BEACH RD.
SANTA ROSA BEACH FL 32459
US**

Mailing Address

**350 BLUE MOUNTAIN BEACH
SANTA ROSA BEACH FL 32459**

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

59-3551701

Applied For

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

**MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541**

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 \$150.00

After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALDRETE, J ANTONIO**
CITY-ST-ZIP **350 BLUE MTN BCH RD
SANTA ROSA BCH FL 32459**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALDRETE, VALENTYNA**
CITY-ST-ZIP **350 BLUE MTN BCH RD
SANTA ROSA BCH FL 32459**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALENTINA ALDRETE

01/15/02

Date

Daytime Phone #

(850) 267-2777

CR2E034 (9/01)