

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086472

1. Entity Name

HAWTHORNE MEDICAL CENTER, P.A.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90107 014 ***150.00

Principal Place of Business

302 SE 2ND AVE
HAWTHORNE FL 32640

Mailing Address

302 SE 2ND AVE
HAWTHORNE FL 32640

2. Principal Place of Business

21815 Southeast 71st Avenue

3. Mailing Address

21815 Southeast 71st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hawthorne, Florida

City & State

Hawthorne, Florida

4. FEI Number 59-3537283

Applied For

Not Applicable

Zip
32640

Country

USA

Zip
32640

Country

USA

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

COLASANTE, ONA M.D.
21115 S.E. 179TH PLACE
LOCHLOOSA FL 32662

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, 2001 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 COLASANTE, ONA M.D.
STREET ADDRESS 21115 S.E. 179TH PLACE
CITY-ST-ZIP LOCHLOOSA FL 32662

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

TITLE ☐ Delete
NAME Donald G. Powell
STREET ADDRESS 1863 State Road 20
CITY-ST-ZIP Hawthorne, Florida 32640

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: ✓

Ona Colasante

April 23, 2001

352-481-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)