

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P99000008154

1. Entity Name

ST. CLAIR MEDICAL CENTER, INC.

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90021 039 \*\*\*150.00

Principal Place of Business

7334 LEM TURNER RD.  
JACKSONVILLE FL 32207

Mailing Address

7334 LEM TURNER RD.  
JACKSONVILLE FL 32255-1136

2. Principal Place of Business

7240 Lem Turner Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551136

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32255

Country

USA



DO NOT WRITE IN THIS SPACE

6/30 Corrected

4. FEI Number -59-3555259  
59355259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALEH, MOHAMED

7334 LEM TURNER RD.  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7240 Lem Turner Rd

City

Jacksonville,

FL

Zip Code

32208

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, 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 ☐ Delete  
NAME D SALEH, MOHAMED M.D.  
STREET ADDRESS 1408 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME D ACHOLONU, FELIX M.D.  
STREET ADDRESS 1820 BARRS ST., STE. 1415  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Signature of Mohamed Saleh, Vice-President* 5/20/00 (904) 768-1899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)