

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014076

1. Entity Name

LHC OF NORTHWEST FLORIDA, INC.

Principal Place of Business

1392 WEST 15TH STREET
PANAMA CITY FL 32401

Mailing Address

1392 WEST 15TH STREET
PANAMA CITY FL 32401

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

59-3556002

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAYNE, PETER A
1392 WEST 15TH STREET
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME LAYNE, LEONARD R
STREET ADDRESS 3623 DUNBARTON DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35223-2807

TITLE D ☐ Delete
NAME LAYNE, JILL V
STREET ADDRESS 3623 DUNBARTON DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35223-2807

TITLE D ☐ Delete
NAME LAYNE, PETER A
STREET ADDRESS 3623 DUNBARTON DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35223-2807

TITLE D ☐ Delete
NAME LAYNE, GEOFFREY H
STREET ADDRESS 3623 DUNBARTON DRIVE
CITY-ST-ZIP BIRMINGHAM AL 35223-2807

TITLE D ☐ Delete
NAME LAYNE, STEPHEN M
STREET ADDRESS 2231 PINE STREET
CITY-ST-ZIP NEW ORLEANS LA 70118

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
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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 Geoffrey H. Layne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00

Date

850 747-1100

Daytime Phone #

CR2E034 (5/00)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-11-2000 90009 011 ***550.00



DO NOT WRITE IN THIS SPACE