

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000068949

1. Entity Name
ALTARE HEALTH SYSTEMS, INC.



Principal Place of Business
12701 COMMONWEALTH DRIVE
SUITE 5
FORT MYERS, FL 33913

Mailing Address
1414 RAIL HEAD BLVD.
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address
12701 COMMONWEALTH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 5

City & State

City & State
FORT MYERS, FL

Zip

Country

Zip

Country

33913

US

4. FEI Number
59-3590932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

CLARY, MARY-BETH M ESQ.
5801 PELICAN BAY BLVD.
SUITE 300
NAPLES, FL 34108-2709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ROBERTS, FREDERICK J
PO BOX 7008
NAPLES, FL 34101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BOCK, MARK A
4260 3RD AVE SW
NAPLES, FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STOCK, K.C.
205 CHARLES STREET
OCONTO, WI 54153 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E031 (10/02)

25 Apr 03 239-225-1600