

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083088

1. Entity Name

WEST FLORIDA HEALTH INSTITUTE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90115 038 ***158.75

Principal Place of Business

Mailing Address

240 N LECANTO HWY
 LECANTO FL 34461

240 N LECANTO HWY
 LECANTO FL 34461-9191

2. Principal Place of Business

301 S CITRUS AVE

Suite, Apt. #, etc.

3. Mailing Address

301 S CITRUS AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 INVERNESS FL

City & State
 Inverness, FL

4. FEI Number
 59-3638384

Applied For
 Not Applicable

Zip
 34452

Country
 CITRUS

Zip
 34452

Country
 Citrus

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

WEIDNER, DONALD W ESQ
 11265 ALUMNI WAY STE 201
 JACKSONVILLE FL 32246

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~CEO / PRESIDENT~~
~~THOMAS HAESEKER~~
~~301 S CITRUS AVE~~
~~INVERNESS, FL 34452~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO / PRESIDENT
 THOMAS HAESEKER
 301 S. CITRUS AVE
 INVERNESS, FL 34452

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TREASURER
 D. MARK FALLOWS
 8026 W GULF TO LAKE HWY
 CRYSTAL RIVER, FL 34429

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SECRETARY
 JOHN ROWDA
 240 N Lecanto Hwy
 Lecanto, FL 34461

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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: THOMAS HAESEKER, CEO

4/17/2000

352-341-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)