

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083088

1. Entity Name

WEST FLORIDA HEALTH INSTITUTE, INC.

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 91009 024 \*\*\*150.00

0550388

Principal Place of Business

301 S CITRUS AVE  
INVERNESS FL 34452

Mailing Address

301 S CITRUS AVE  
INVERNESS FL 34452

734077

2. Principal Place of Business

411 W HIGHLAND BLVD

3. Mailing Address

411 W. HIGHLAND BLVD

Suite, Apt. #, etc.

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

USA

Zip

34452

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
HAESKER, THOMAS  
301 S CITRUS AVE  
INVERNESS FL 34452 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FALLOWS, MARK C  
8026 W GULF TO LAKE HWY  
CRYSTAL RIVER FL 34429 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ROWDA, JOHN  
240 N LECANTO HWY  
LECANTO FL 34461 ☐ 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

12. 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

352.341.2100

Daytime Phone #

CR2E034 (10/00)