

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089942

1. Entity Name

BELLEVUE MEDICAL PROPERTIES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90093 001 ***450.00

Principal Place of Business

Mailing Address

5925 SE ABSHIER BLVD.
 BELLEVUE FL 34420

5925 SE ABSHIER BLVD.
 BELLEVUE FL 34420-4025

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

59-3604233

Applied For

Not Applicable

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

CRIMI, DEANNA O
 5925 SE ABSHIER BLVD.
 BELLEVUE FL 34420

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 ☐ Delete
 NAME Michael Crimi, Jr. Director
 STREET ADDRESS Michael Crimi, Jr.
 CITY-ST-ZIP 5925 SE Abshier Blvd
 Bellevue, FL 34420

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

TITLE ☐ Delete
 NAME Deanna Crimi - Director
 STREET ADDRESS Deanna Crimi
 CITY-ST-ZIP 5925 SE Abshier Blvd
 Bellevue, FL 34420

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

TITLE ☐ Delete
 NAME Mark Waldrop - Director
 STREET ADDRESS Mark Waldrop
 CITY-ST-ZIP 5925 SE Abshier Blvd
 Bellevue, FL 34420

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

TITLE ☐ Delete
 NAME Dreaama Waldrop - Director
 STREET ADDRESS Dreaama Waldrop
 CITY-ST-ZIP 5925 SE Abshier Blvd
 Bellevue, FL 34420

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Deanna J O Crimi

5/1/2000

352-347-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #