2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90357 009 ***150.00

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DOCUMENT # **P99000110146**

1. Entity Name
STARKE FAMILY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
218 S. WALNUT ST. STARKE FL 32091	218 S. WALNUT ST. STARKE FL 32091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
345 WEST MADISON ST.		345 WEST MADISON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: STARKE, FL		City & State: STARKE, FL	
Zip: 32091	Country: USA	Zip: 32091	Country: USA

4. FEI Number 59-3614870 ☐ 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
SIKES, WALTER DAVID JR DC 218 S. WALNUT ST. STARKE FL 32091	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, 2002 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	PS	☒ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	INVOLENT-SIMON, JOELLE		NAME	INNOCENT-SIMON, JOELLE	
STREET ADDRESS	218 S WALNUT CT		STREET ADDRESS	345 WEST MADISON ST.	
CITY-ST-ZIP	STARKE FL 32091		CITY-ST-ZIP	STARKE, FL 32091	
TITLE	VT	☒ Delete	TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	W.DAVID, S. KEN		NAME	SIKES, W. DAVID SIKES	
STREET ADDRESS	218 S WALNUT ST		STREET ADDRESS	345 WEST MADISON ST.	
CITY-ST-ZIP	STARKE FL 32091		CITY-ST-ZIP	STARKE, FL 32091	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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] 3/14/02 904-964-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #