

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90292 018 ***150.00

DOCUMENT # S40901

1. Entity Name
WHITE CRANE CLINIC, INC.

Principal Place of Business Mailing Address
9 HIBISCUS ST. **9 HIBISCUS ST.**
TARPON SPRINGS FL 34689 **TARPON SPRINGS FL 34689**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3056050		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SULLIVAN, KATHLEEN M. 9 HIBISCUS ST. TARPON SPRINGS FL 34689				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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATRICK S.	NAME		NAME		NAME	
STREET ADDRESS	9 HIBISCUS ST.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KATHLEEN M.	NAME		NAME		NAME	
STREET ADDRESS	9 HIBISCUS ST.	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: *Kathleen M Sullivan* 4/16/01 (727) 942-4249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)