

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90076 048 ***550.00

DOCUMENT # S91079

1. Entity Name

HEARTLAND HEALTH CARE SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2180
 ARCADIA FL 33821

P.O. BOX 2180
 ARCADIA FL 34265-2180

2. Principal Place of Business

900 N. Robert Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Arcadia, Florida

City & State

Zip

Country

Zip

Country

34266

DeSoto



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0367993

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

WALDRON, E.E. JR
124 N BREVARD AVE
ARCADIA FL 33821

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 **PD** ☒ Delete
 NAME **VINSON, RAY C**
 STREET ADDRESS **900 NORTH ROBERT AVE**
 CITY-ST-ZIP **ARCADIA FL**

TITLE **PCEO** ☐ Change ☒ Addition
 NAME **Edward J. Hannon**
 STREET ADDRESS **900 N. Robert Avenue**
 CITY-ST-ZIP **Arcadia, Florida 34266**

TITLE **C** ☐ Delete
 NAME **AMBLER, LEWIS JR**
 STREET ADDRESS **P O BOX 471**
 CITY-ST-ZIP **ARCADIA FL**

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

TITLE **S** ☐ Delete
 NAME **ALLEN, ROBERT R**
 STREET ADDRESS **P.O. BOX-1269**
 CITY-ST-ZIP **ARCADIA FL**

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

TITLE **T** ☐ Delete
 NAME **CARLTON, ROBERT M**
 STREET ADDRESS **ROUTE 6 BOX 5568**
 CITY-ST-ZIP **ARCADIA FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/99)