

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90020 045 ***150.00

DOCUMENT # S98994

1. Entity Name

PARTNERS IN HEALTH CARE, INC.

Principal Place of Business

2536 COUNTRYSIDE BLVD.
 CLEARWATER FL 33763
 US

Mailing Address

2536 COUNTRYSIDE BLVD.
 CLEARWATER FL 33763
 US

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 **59-3113214**

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

THORNTON, R. MAURY
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER FL 33763

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
 NAME **DST** ☐ Delete
THORNTON, MAURY R
 STREET ADDRESS **2536 COUNTRYSIDE BLVD 6TH FL**
 CITY-ST-ZIP **CLEARWATER FL 33763**

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

TITLE _____
 NAME **P** ☐ Delete
YORK, CHRISTOPHER
 STREET ADDRESS **2536 COUNTRYSIDE BLVD 6TH FL**
 CITY-ST-ZIP **CLEARWATER FL 33763**

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

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____ ☐ Delete

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

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____ ☐ Delete

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

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____ ☐ Delete

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

TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____ ☐ Delete

TITLE _____
 NAME _____
 STREET ADDRESS _____
 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

R. Maury Thornton

3/13/01

Date

727-726-0726

Daytime Phone #

CR2E034 (10/00)