

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90379 046 \*\*\*\*61.25

**DOCUMENT # 769127**  
 1. Entity Name  
**NORTHSIDE MEDICAL PARK, INC.**

Principal Place of Business      Mailing Address  
**740 WEST PLYMOUTH AVENUE**      **740 WEST PLYMOUTH AVENUE**  
**DELAND FL 32720**      **DELAND FL 32720**

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      Applied For  
**59-2509440**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HOOD, ROYCE E JR**  
**740 WEST PLYMOUTH AVENUE**  
**DELAND FL 32720**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DV	<input type="checkbox"/> Delete
NAME	HUSTER, RICHARD H MD	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLLMANN, MARK W	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, ROYCE E JR, MD	
STREET ADDRESS	740 WEST PLYMOUTH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, ROYCE E. MD	
STREET ADDRESS	740 W PLYMOUTH AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	<del>DP</del> VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLMANN, MARK W. MD	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	<del>DP</del> SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, STEPHEN MD	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE	<del>D</del> TREASURY (Lavoie, Stephane)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LAVOIE, STEPHANE MD</del>	
STREET ADDRESS	SAME AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**      386-734-9122

CRE037 (10/00)