2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90090 006 ****61.25

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1. Entity Name
HEALTH PARTNERSHIP OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
18 N.W. 33RD COURT GAINESVILLE, FL 32607	18 N.W. 33RD COURT GAINESVILLE, FL 32607

C0043146

DO NOT WRITE IN THIS SPACE

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
59-3249335
☐ 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
GORMLEY, CAROL J. 11 W. UNIVERSITY AVENUE, #7 GAINESVILLE, FL 32601	Name: EDITH M. ORSINI Street Address (P.O. Box Number is Not Acceptable): 18 N.W. 33RD COURT City: GAINESVILLE **FL** Zip Code: 32607

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: Edith M. Orsini — EDITH M. ORSINI, EXECUTIVE DIRECTOR — 2/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

$ 601.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MESH, MARILYN 23320 N. ST. RD. 235 BROOKER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YOUNG, CECELIA RT 2, BOX 651-B LAKE BUTLER, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCALL, KENNETH 495 E. MAIN STREET LAKE BUTLER, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUTHRIE, SCOTT P.O. BOX 640 N/A TRENTON, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOLLING, SABLE 119 1ST STREET TRENTON, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOWARD, PAMELA 850 E. MAIN STREET LAKE BUTLER, FL	☐ 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

CR2E037 (9/99)

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: Cecelia Young — 3-6-2000 — 352/955-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #