2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90104 017 ****61.25

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DOCUMENT # N94000005152

1. Entity Name

SOUTHEAST VOLUSIA PHYSICIANS MEDICAL GROUP, INC.

C0022184

Principal Place of Business	Mailing Address
508 Palmetto st. ~~265 N. CAUSEWAY~~ NEW SMYRNA BEACH FL ~~32169~~ 32168 US	401 Palmetto st. ~~265 N. CAUSEWAY~~ NEW SMYRNA BEACH FL ~~32169~~ 32168 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
508 Palmetto st	401 Palmetto St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna FL	City & State: New Smyrna FL 32
Zip: 32168 Country: US	Zip: 32168 Country: US

4. FEI Number 59-3287185 ☐ 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
HEEKIN, JAMES F JR 215 N EOLA DR ORLANDO FL 32801	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 Arvin Lewis VP 01/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WELSH, RUSSELL L 255 N CAUSEWAY NEW SMYRNA BEACH FL	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEWIS, ARVIN 401 PALMETTO ST NEW SMYRNA BEACH FL	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHILDECCKER, WILLIAM C. 401 PALMETTO ST. NEW SMYRNA BCH FL	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASSEY, JOHN 401 PALMETTO ST NEW SMYRNA BEACH FL	☒ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREWE, BRUCE 401 PALMETTO ST NEW SMYRNA BEACH FL	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E037 (10/00)

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 Arvin Lewis VP 01/22/01 904 424 4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #