

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046113

1. Entity Name

103RD PRIMARY AND FAMILY CARE CENTER, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90048 008 \*\*\*150.00

Principal Place of Business

Mailing Address

6983-3 103RD STREET  
JACKSONVILLE FL 32210

6983-3 103RD STREET  
JACKSONVILLE FL 32210-6800

2. Principal Place of Business

Park Professionals

3. Mailing Address

8410 Country Bend Circle W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1409 Kingsley Avenue, 6B

City & State

Jacksonville, Florida

Orange Park, Florida

Zip

Country

Zip

Country

32244

Duval

4. FEI Number

59-3252305

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

EMLANO, PEPITO  
6983-3 103RD STREET  
JACKSONVILLE FL 32210

Name

PEPITO M, EMLANO, M.D.

Street Address (P.O. Box Number is Not Acceptable)

8410 Country Bend Circle W.

City

Jacksonville, Florida

FL

Zip Code

32244

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

3/29/2000

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 P  
NAME EMLANO, PEPITO M. M  
STREET ADDRESS 6983-3 103RD STREET  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE P  
NAME EMLANO, PEPITO M. M.D.  
STREET ADDRESS 8410 Country Bend Circle W.  
CITY-ST-ZIP Jacksonville, Florida 32244 ☒ Change ☐ Addition

TITLE VP  
NAME EMLANO, CELIA C. R  
STREET ADDRESS 69-83-3 103RD STREET  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VP  
NAME Emlano, Celia C. R.N.  
STREET ADDRESS 8410 Country Bend Circle W.  
CITY-ST-ZIP Jacksonville, Florida 32244 ☒ 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  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
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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 600, 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 (9/99)