

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 021 ***150.00

DOCUMENT # P97000107099

Entity Name
BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEM

Principal Place of Business RIVERPLACE BOULEVARD #1700 JACKSONVILLE FL 32207	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207-9023
--	--



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	59-3486994	Applied For
		Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

6. Name and Address of Current Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL 32207

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARKNESS, CHARLES D.O.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHER, JOHN J	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, CAROL C	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOWER, JAMES W M.D.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNEY, JACKSON M.D.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	STICH, MARK A D.O.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Rebecca B. Jackson* **Rebecca B. Jackson, Secretary** 4-19-00 904/202-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
P9700010709
A0047935

DOCUMENT # P97000107099
BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY

- D Czerkowski, Joseph J., Jr., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- D Jacobs, Michael B., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- D Perry Carlos, D.O.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207.
- V Mally, Earl B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- S Jackson, Rebecca B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207