

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000107099

1. Entity Name
BAPTIST PHYSICIAN SERVICES, INC.

Principal Place of Business
 1301 RIVERPLACE BOULEVARD #1700
 JACKSONVILLE FL 32207

Mailing Address
 C/O WILLIAM C. MASON
 1301 RIVERPLACE BLVD. #1700
 JACKSONVILLE FL 32207

2. Principal Place of Business
 C/O HARVEY GRANGER
 Suite, Apt. #, etc.
 1325 SAN MARCO BLVD., SUITE 902

3. Mailing Address
 C/O HARVEY GRANGER
 Suite, Apt. #, etc.
 1325 SAN MARCO BLVD., SUITE 902

DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE FL

4. FEI Number
59-3486994
 Applied For
 Not Applicable

Zip Country
 32207 US

Zip Country
 32207 US

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

GRANGER HARVEY
 1301 RIVERPLACE BLVD.
 SUITE 1700
 JACKSONVILLE FL 32207

Name
GRANGER HARVEY
 Street Address (P.O. Box Number is Not Acceptable)
 1325 SAN MARCO BLVD.
 SUITE 902
 City JACKSONVILLE FL Zip Code 32207

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 **HARVEY GRANGER**

04/25/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 D Delete
 NAME STICH MARK AD.O.
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Change Addition
 NAME CARLOS PERRY
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Delete
 NAME DOWNEY JACKSON M.D.
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE S Change Addition
 NAME JACKSON REBECCA B
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Delete
 NAME CLOWER JAMES WM.D.
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V Change Addition
 NAME MALLY EARL B
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DP Delete
 NAME THOMPSON CAROL C
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DP Change Addition
 NAME THOMPSON CAROL C
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Delete
 NAME MAHER JOHN J
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Change Addition
 NAME GROOVER JACK RMD.
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Delete
 NAME HARKNESS CHARLES D.O.
 STREET ADDRESS 1301 RIVERPLACE BLVD. #1700
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Change Addition
 NAME GREENE A. HUGH
 STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902
 CITY-ST-ZIP JACKSONVILLE FL 32207

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**

S **04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)