

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084563

1. Entity Name
ST. LUKE'S COMMUNITY PHYSICIANS, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90285 011 ***150.00

Principal Place of Business

4205 BELFORT RD.
SUITE 2065
JACKSONVILLE FL 32216

Mailing Address

4205 BELFORT RD.
SUITE 2065
JACKSONVILLE FL 32216

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 59-3599178

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

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

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

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, 2002 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 STOWERS, STEPHEN R
STREET ADDRESS 4205 BELFORT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE VP
NAME HICKEY, STEPHEN M.D.
STREET ADDRESS 4205 BELFORT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE S
NAME BILLINGSLEY, KATHERINE
STREET ADDRESS 4205 BELFORT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

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

TITLE T
NAME THOMAS, UNNI M.D.
STREET ADDRESS 4205 BELFORT ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

904-296-2631

Daytime Phone #

CR2E034 (9/01)