

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90157 007 \*\*\*\*61.25

**DOCUMENT # N96000005388**

1. Entity Name

**WE CARE JACKSONVILLE, INC.**

Principal Place of Business

**900 UNIVERSITY BLVD N  
 STE 210  
 JACKSONVILLE FL 32211**

Mailing Address

**900 UNIVERSITY BLVD N  
 STE 210  
 JACKSONVILLE FL 32211**

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

**59-3431724**

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

**GILBERT, PHILIP H  
 1045 RIVERSIDE AVE  
 SUITE 190  
 JACKSONVILLE FL 32204**

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

**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 **PD** ☐ Delete  
 NAME **WISNIEWSKI, DESALES**  
 STREET ADDRESS **1800 BARRS ST, 4TH FLOOR-SEATON HALL**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE **VP** ☐ Delete  
 NAME **BOWERS GARY J MD**  
 STREET ADDRESS **653 W 8TH STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete  
 NAME **MASON, W. GRAY MD**  
 STREET ADDRESS **807 NIRA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **SD** ☒ Delete  
 NAME **SULZBACHER, I M**  
 STREET ADDRESS **8228 HOLLYRIDGE RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **TD** ☒ Delete  
 NAME **MONFORD, MARGOT**  
 STREET ADDRESS **255 WATERS ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 3231**

TITLE ☐ Change ☒ Addition  
 NAME **PAUL A. Bucci**  
 STREET ADDRESS **1920 St. George Ct.**  
 CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **D** ☐ Delete  
 NAME **MCINTOSH C B MD**  
 STREET ADDRESS **4063 RIBAUT RIVER LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

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 of Philip H. Gilbert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 1/29/01 904-308-f219  
 Daytime Phone #

CR2E037 (10/00)

# N 96000005388

**WE CARE JACKSONVILLE, Inc.**  
**BOARD OF DIRECTORS**  
**2000 - 2001**

**Sister De Sales Wisniewski, President**  
V.P. of Mission Integration  
Baptist/St. Vincent's Health System  
P.O. Box 2982  
Jacksonville, FL 32203  
(904) 308-7512

**Gary Bowers, M.D., Medical Director**  
653 W. 8th Street  
Jacksonville, FL 32209  
(904) 244-3940

**Secretary - VACANT**

**Paul Alan Bucci, Treasurer**  
Cornelius, Schou, Leone & Matteson  
4496 Southside Blvd., Suite 200  
Jacksonville, FL 32216  
(904) 642-1794

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**Kenneth Barwick, M.D.**  
800 Prudential Drive  
Jacksonville, FL 32207  
(904) 202-2012

**Ms. Ann Trotter**  
Duval County Medical Society Alliance  
4837 Long Bow Road  
Jacksonville, FL 32210  
(904) 384-1169

**Daniel B. Lestage, M.D.**  
Blue Cross Blue Shield  
4800 Deerwood Campus Pkwy  
Jacksonville, FL 32246  
(904) 905-5829

**W. Gray Mason, M.D.**  
Nemours Children's Clinic  
807 Nira Street  
Jacksonville, FL 32207  
(904) 390-3797

**Shahla Masood, M.D.**  
655 W. 8th Street  
Jacksonville, FL 32209  
(904) 244-4387

**Mr. Jim McCollum**  
Bell South  
310 W. Bay St., Suite 1100  
Jacksonville, FL 32202-4400  
(904) 350-8833

**Charles McIntosh, M.D.**  
3160 W. Edgewood Avenue  
Jacksonville, FL 32209  
(904) 765-5249

**Ms. Linda Miller, Ed. D., R.N.**  
Jacksonville University  
2800 University Boulevard, North  
Jacksonville, FL 32211-3394  
(904) 745-7280

**Ms. Margot Morford**  
Vice President & Trust Officer  
First Union Bank  
225 Water St., 5<sup>th</sup> Floor, MC-05  
Jacksonville, FL 32202  
(904) 489-3326

**A. Allen Seals, M.D.**  
3550 University Boulevard, South  
Suite 302  
Jacksonville, FL 32216  
(904) 733-4444

**Marc Thorpe, M.D.**  
4205 Belfort Road  
Suite 1000  
Jacksonville, FL 32216  
(904) 953-8990

**WE CARE JACKSONVILLE, Inc.**  
**BOARD OF DIRECTORS**  
**EX-OFFICIO MEMBERS**  
**2000 – 2001**

Attachment  
1196000005388

Mr. Phillip Gilbert, E.V.P.  
Duval County Medical Society  
1045 Riverside Avenue, Suite 190  
Jacksonville, FL 32204  
(904) 355-6561

Ms. Bonnie Pope, A.R.N.P.  
1031 Inwood Terrace  
Jacksonville, FL 32207  
(904) 924-1740