

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90517 016 \*\*\*150.00

**DOCUMENT # 600058**

1. Entity Name  
**DOCTORS HURT, ISAAC, JOHNSTON & CRANFORD, P.A.**

Principal Place of Business

**1633 RIVERSIDE AVE  
14  
JAX FL 32204  
US**

Mailing Address

**1633 RIVERSIDE AVE  
14  
JAX FL 32204  
US**

2. Principal Place of Business

**3599 University Blvd. S.**

Suite, Apt. #, etc.  
**300**

3. Mailing Address

**3599 University Blvd. S.**

Suite, Apt. #, etc.  
**300**

City & State  
**Jacksonville, FL**

Zip Country  
**32216 Duval**

City & State  
**Jacksonville, FL**

Zip Country  
**32216 Duval**

4. FEI Number **59-0940646**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LATOUR, EMILE A  
1633 RIVERSIDE AVE  
STE #14  
JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3599 University Blvd. S., Bldg. 300**

City Zip Code  
**Jacksonville FL 32216**

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 *Emile A. Latour* **Emile A. Latour, Pres.**

*2/14/01*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LATOUR, EMILE A 1633 RIVERSIDE AVE, #14 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BUXTON, RICHARD C 1633 RIVERSIDE AVE. #14 JACKSONVILLE FL 32204</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SALTMARSH, C.W. 1633 RIVERSIDE AVE, #14 JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCINNIS, ALEXANDER N 1633 RIVERSIDE AVE, #14 JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CARRAWAY, J S 1633 RIVERSIDE AVE JACKSONVILLE FLA 32204</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PANACCIONE, J L 1633 RIVERSIDE AVE JACKSONVILLE FLA 32204</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S., Ste. 300 Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S., Ste. 300 Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S., Ste. 300 Jacksonville, FL 32216</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S., Ste. 300 Jacksonville, FL 32216</b>

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.

**Emile A. Latour**

**(904) 399-5550**

SIGNATURE: *Emile A. Latour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/01*  
Date Daytime Phone #

CR2E034 (10/00)