

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602713

1. Entity Name

DRS. GIESEN, HUDDLESTON AND GAILLARD RADIOLOGIST

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90052 038 ***150.00

Principal Place of Business

Mailing Address

C/O HUMANA HOSPITAL
1000 MAR WALT DRIVE
FORT WALTON BEACH FL 32547-6708

C/O HUMANA HOSPITAL
1000 MAR WALT DRIVE
FORT WALTON BEACH FL 32547-6708

2. Principal Place of Business

3. Mailing Address

P.O. Drawer 877

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Shalimar, FL

4. FEI Number 59-1316504

Applied For
Not Applicable

Zip

Country

Zip
32579

Country

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

HAMBLEY, WILLIAM C. JR.
1000 MAR WALT DRIVE
FT. WALTON BEACH FL 32547

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GAILLARD, DAVID
1000 MAR WALT DRIVE
FT. WALTON BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAMBLEY, WILLIAM C.
1000 MAR WALT DRIVE
FT. WALTON BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CAMPBELL, JOHN
1000 MAR WALT DRIVE
FT. WALTON BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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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

2/22/00 850-863-7579
Date Daytime Phone #

CR2E034 (9/99)