

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 698830**1. Entity Name  
REFERRAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
300 SOUTH PARK PLACE BLVD., SUITE 150	1650 PRUDENTIAL DRIVE
CLEARWATER FL	SUITE 400 ATTN. LEGAL DEPT.
33759 US	JACKSONVILLE FL
	32207 US

2. Principal Place of Business

3. Mailing Address  
1650 PRUDENTIAL DRIVE SUITE 400

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
ATTN. LEGAL DEPT

City &amp; State

City & State  
JACKSONVILLE FL

Zip Country

Zip Country  
32207 US4. FEI Number  
**13-3084484**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**FISHER POWERS JILL E  
300 SOUTH PARK PLACE BLVD #150  
  
CLEARWATER FL  
33759 US**7. Name and Address of New Registered Agent**Name  
PAINE LAWRENCE  
Street Address (P.O. Box Number is Not Acceptable)  
1650 PRUDENTIAL DRIVE  
SUITE 400  
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 **LAWRENCE PAINE****03/22/2001**

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	PDCE	<input type="checkbox"/> Delete
NAME	COPE RICHARD W	
STREET ADDRESS	300 SOUTH PARK BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	TOOKE EDWIN C	
STREET ADDRESS	300 SOUTH PARK PLACE BLVD., SUITE 150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	S	<input type="checkbox"/> Delete
NAME	RHODES ROBERT M	
STREET ADDRESS	300 SOUTH PARK BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	EVPT	<input type="checkbox"/> Delete
NAME	STICCO LEWIS A	
STREET ADDRESS	300 SOUTH PARK BLVD #150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTA JAMES D	
STREET ADDRESS	7900 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICCO LEWIS A	
STREET ADDRESS	300 S. PARK PLACE BLVD SUITE 150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH SUSAN G	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON ALISON K	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 150	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN MICHAEL N	
STREET ADDRESS	1650 PRUDENTIAL DRIVE SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOKE EDWIN C	
STREET ADDRESS	300 S. PARK PLACE BLVD. SUITE 150	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE RICHARD W	
STREET ADDRESS	300 S. PARK PLACE BLVD. SUITE 150	
CITY-ST-ZIP	CLEARWATER FL 33759	

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: SUSAN G. WHITLATCH**

AS

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)