

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90005 019 ****61.25

DOCUMENT # 716011

1. Entity Name

JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

LA

Principal Place of Business

Mailing Address

653-1 W. 8TH ST.
JACKSONVILLE FL 32209
US

P.O. BOX 44226
JACKSONVILLE FL 32231-4226
US

978933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0858068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEUMANN, PAMELA A
653-1 W. 8TH ST.
JACKSONVILLE FL 32209

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
After September 12, 2001, min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DC	BIRCHFIELD, W.O.	653-1 W 8TH ST JACKSONVILLE FL				
	MD	NEUMANN, PAMELA A	653-1 W 8TH ST JACKSONVILLE FL				
	TD	GAY, WILLIAM W	653-1 W 8TH ST JACKSONVILLE FL				
	SD	FERGUSON, EMMET JR. M.D.	1515 MAY STREET JACKSONVILLE FL				
	D	HEHN, ROGER M DDS	653-1 W 8TH ST JACKSONVILLE FL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Pamela A. Neumann

9/12/01 904-244-3240