## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 724248  1. Entity Name  FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.					Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90098 050 ****61.25				
Principal Place of Business  6720 ATLANTIC BLVD  JACKSONVILLE FL 32211 US		Mailing Address							
		6720 ATLANTIC BLVD JACKSONVILLE FL 32211-8730 US  3. Mailing Address			J I U U U I				
2. Principal Place of Business									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-6138054				Applied For
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 A Fee Requi	dditional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New	Registere	d Agent	
چ چ د کاهی پایستان	The Committee Committee of the Committee	magnetic company, so that	"Name	<del></del>	مرمور <sup>شو</sup> ردر ســـ د	, <del></del>	<del></del>	TS:	
	MARTHA J		Street Address (			er is Not Acceptab	ole)		
	ANTIC BLVD								<del></del>
JACKSUN	VILLE FL 32211		City				F	L Zíp Co	ode
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office o	r registere	ed agent, or bo	th, in the state of F	lorida.	•	<del></del> -
SIGNATURE	Martha J. Moores, CA	E, Executive Vic	ce Presid	ent	mo	rithe	Q.Y	Nova	4 70
SIGNATURE									
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signa	ture required v	when reinstating)		DATE		<del></del> -
						Ma	DATE ke Check	c Pavable :	- to
	Signature, typed or printed name of registered agent an  FILE NOW:  FEE IS \$61.25	d title if applicable. (NOTE: F  9. Election Campaign F  Trust Fund Contributi	inancing	\$5.00	May Be to Fees			c Payable t	
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10. TITLE	FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE	9. Election Campaign F Trust Fund Contributi	inancing on.	\$5.00 Added	May Be to Fees	ANGES TO OFFIC	epartmei	nt of State	IN 10
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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.

Martha J. Moores, CAE Executive Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date