

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724248

1. Entity Name

FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Principal Place of Business

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211
US

Mailing Address

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6138054

Applied For

Not Applicable

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

MOORES, MARTHA J
6720 ATLANTIC BLVD
JACKSONVILLE FL 32211

Name

Same

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

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 CD ☒ Delete
NAME HAYS, RICHARD M.D.
STREET ADDRESS 5700 LAKE WORTH RD. STE 103
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE CD ☒ Change ☐ Addition
NAME Littles, Alma, M.D.
STREET ADDRESS 1301 Hodges Drive
CITY-ST-ZIP Tallahassee, FL 32308

TITLE PD ☒ Delete
NAME LITTLES, ALMA M.D.
STREET ADDRESS 1301 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☒ Change ☐ Addition
NAME Harris, George, M.D.
STREET ADDRESS 895 Live Oak Terr. N.E.
CITY-ST-ZIP St. Petersburg, FL 33703

TITLE VD ☒ Delete
NAME COLLINS, CECILIA M.D.
STREET ADDRESS 520 A1A N. SUITE 101
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☒ Change ☐ Addition
NAME Saranko, John, M.D.
STREET ADDRESS 507 West Alexander Street
CITY-ST-ZIP Plant City, FL 33566

TITLE PED ☒ Delete
NAME HARRIS, GEORGE M.D.
STREET ADDRESS 5289 ENCLAVE DR
CITY-ST-ZIP OLDSMAR FL 34677-1962

TITLE PED ☒ Change ☐ Addition
NAME Collins, Cecilia
STREET ADDRESS 383 N Roscoe Blvd.
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE M ☒ Delete
NAME MOORES, MARTHA J. CAE
STREET ADDRESS 6720 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE M ☐ Change ☐ Addition
NAME Moores, Martha J., CAE
STREET ADDRESS 6720 Atlantic Blvd.
CITY-ST-ZIP Jacksonville, FL 32211

TITLE TD ☒ Delete
NAME SARANKO, JOHN M.D.
STREET ADDRESS 507 W. ALEXANDER ST
CITY-ST-ZIP PLANT CITY FL 33566

TITLE TD ☒ Change ☐ Addition
NAME Saver, Dennis, M.D.
STREET ADDRESS 1265 36th St. Suite A
CITY-ST-ZIP Vero Beach, FL 32960

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.

SIGNATURE:

Martha J. Moores
Martha J. Moores
Signature and Typed or Printed Name of Signing Officer or Director

Y18/01

Date

(904) 726-0944

Daytime Phone #

CR2E037 (10/00)