

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90028 014 \*\*\*\*61.25

**DOCUMENT # 725280**

1. Entity Name

**FLORIDA PHYSICIANS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

11265 ALUMNI WAY  
 STE 202  
 JACKSONVILLE FL 32246  
 US

11265 ALUMNI WAY  
 STE 202  
 JACKSONVILLE FL 32246  
 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

**23-7371800**

Applied For

Not Applicable

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

**WEIDNER, DONALD**  
**11265 ALUMNI WAY**  
**STE 202**  
**JACKSONVILLE FL 32246**

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**

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	<b>DED</b> <b>WEIDNER, DONALD W.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11265 ALUMNI WAY STE 202</b> <b>JACKSONVILLE FL</b>	
TITLE NAME	<b>P</b> <b>EDWARDS, GEROGE T., MD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2824 N.E. 38TH STREET</b> <b>FT. FAUDERDALE FL</b>	
TITLE NAME	<b>TD</b> <b>PACK, NORMAN W., M.D</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>836 PRUDENTIAL DRIVE, #1001</b> <b>JACKSONVILLE FL</b>	
TITLE NAME	<b>VPD</b> <b>COOK, III J.T.</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>801 E 8TH STREET, SUITE 504</b> <b>PANAMA CITY FL</b>	
TITLE NAME	<b>S</b> <b>WILLIS, WAYNE S MD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>915 E FAIRFIELD</b> <b>PENSACOLA FL 32503</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<b>VPD</b> <b>Caldwell, Jacques R.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>311 N. Clyde Morris Blvd #510</b> <b>Daytona Beach, FL 32114</b>	
TITLE NAME	<b>Executive Vice Pres.</b> <b>William N., Russell Huseman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>11265 Alumni Way, #202</b> <b>Jacksonville, FL 32246</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>President/D</b> <b>Cook, III J.T.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>801 E 8th Street, Suite 504</b> <b>Panama City, FL</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/17/01

(904)641-4033

Date

Daytime Phone #

CR2E037 (10/00)