

DOCUMENT # 754720

1. Entity Name

FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90047 049 ****70.00

Principal Place of Business

Mailing Address

HWY 441 NO 8 ALLBRITTON
LAKE CITY FL 32055
USP O BOX 249
LAKE CITY FL 32056-0249

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 59-2086283

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROBERTS, SHELIA
RT 22, BOX 2923
LAKE CITY FL 32024

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

Shelia Roberts

2-4-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	HERDEGEN, BETTY	RT 12 BOX 12-B	LAKE CITY FL	<input type="checkbox"/>
S	RICHARDSON, JAMES	2080 HWY 90	LAKE CITY FL 32055	<input type="checkbox"/>
PD	ROBERTS, SHELIA	RT 22, BOX 2923	LAKE CITY FL 32024	<input type="checkbox"/>
TD	TALMADGE, VICKI	RT 12, BOX 450-B	LAKE CITY FL 32055	<input type="checkbox"/>
VP	DEKKLE, ROBERT	RT. 12, BOX 451-B	LAKE CITY FL 32025	<input type="checkbox"/>
D	LEE, GAYNELL	1114 FAIRVIEW ST.	LAKE CITY FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 stated 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00 904-758-5552

Date

Daytime Phone #