

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 754720**

1. Entity Name

**FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.**

Principal Place of Business

**HWY 441 NO. 3 ALLBRITTON  
LAKE CITY FL 32055  
US**

Mailing Address

**P. O BOX 249  
LAKE CITY FL 32056-7249**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2086283**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **TALMADGE, VICKI**

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

**ROUTE 12 BOX 450-B**

City

**LAKE CITY, FL****FL**

Zip Code

**32055**

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

TITLE **D** ☒ Delete  
NAME **HERDEGEN, BETTY**  
STREET ADDRESS **RT 12 BOX 12-B**  
CITY-ST-ZIP **LAKE CITY FL**TITLE **S** ☒ Delete  
NAME **RICHARDSON, JAMES**  
STREET ADDRESS **2080 HWY 90**  
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE **PD** ☐ Delete  
NAME **ROBERTS, SHELIA**  
STREET ADDRESS **RT 22, BOX 2923**  
CITY-ST-ZIP **LAKE CITY FL 32024**TITLE **TD** ☐ Delete  
NAME **TALMADGE, VICKI**  
STREET ADDRESS **RT 12, BOX 450-B**  
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE **VP** ☐ Delete  
NAME **DEKKLE, ROBERT**  
STREET ADDRESS **RT. 12, BOX 451-B**  
CITY-ST-ZIP **LAKE CITY FL 32025**TITLE **D** ☐ Delete  
NAME **LEE, GAYNELL**  
STREET ADDRESS **1114 FAIRVIEW ST.**  
CITY-ST-ZIP **LAKE CITY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition  
NAME **Dorothy Pattison**  
STREET ADDRESS **RT 8 BOX 465-P**  
CITY-ST-ZIP **Lake City, FL 32055**TITLE **S** ☐ Change ☒ Addition  
NAME **Richard Anders**  
STREET ADDRESS **1072 Jefferson Street**  
CITY-ST-ZIP **Lake City, FL 32055**TITLE **D.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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

**2/22/01****FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90360 021 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)