

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90006 037 ****70.00

DOCUMENT # 754720

1. Entity Name

FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Principal Place of Business

Mailing Address

**HWY 441 NO & ALLBRITTON
 LAKE CITY FL 32055
 US**

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

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TALMADGE, VICKI
 ROUTE 12 BOX 450-B
 LAKE CITY FL 32055**

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 **TD** ☐ Delete
 NAME **PATTISON, DOROTHY**
 STREET ADDRESS **RT 8 BOX 465-P**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **ANDERS, RICHARD**
 STREET ADDRESS **1072 JEFFERSON ST**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROBERTS, SHELIA**
 STREET ADDRESS **RT 22, BOX 2923**
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **TALMADGE, VICKI**
 STREET ADDRESS **RT 12, BOX 450-B**
 CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **DEKKLE, ROBERT**
 STREET ADDRESS **RT. 12, BOX 451-B**
 CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEE, GAYNELL**
 STREET ADDRESS **1114 FAIRVIEW ST.**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE ☐ 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

Date

Daytime Phone #

CR2537 (9/01)