

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763524

1. Entity Name

JESS PARRISH MEDICAL FOUNDATION, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90095 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11 MAX BREWER CSWY  
 SUITE C  
 TITUSVILLE FL 32796  
 US

951 N WASHINGTON AVE  
 DRAWER W  
 TITUSVILLE FL 32796-2111

2. Principal Place of Business

338 S. Washington Ave.

3. Mailing Address

P.O. Box 6012

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Titusville Florida

City & State

Titusville Florida

4. FEI Number

59-2249275

Applied For

Not Applicable

Zip

Country

32796

US

Zip

Country

32682-6012

US

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

BAKER, ROD L.  
 951 WASHINGTON AVENUE  
 TITUSVILLE FL 32781

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

*Rod L. Baker*

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 PD  Delete  
 NAME SPARKMAN, GREG  
 STREET ADDRESS 4595 HELENA DR  
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME QUINTERO, LUIS MD  
 STREET ADDRESS 3887 GOSHAWK PLACE  
 CITY-ST-ZIP TITUSVILLE FL 32796

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME TERHUNE, BARBARA  
 STREET ADDRESS 1627 CANDLE CT  
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME SMITH, BECKY  
 STREET ADDRESS 3945 PINETOP  
 CITY-ST-ZIP TITUSVILLE FL

TITLE  Change  Addition  
 NAME TD  
 STREET ADDRESS Santiago Bulnes  
 CITY-ST-ZIP 2750 Sunrise Drive  
 Titusville FL 32780

TITLE ST  Delete  
 NAME DENSON, TODD  
 STREET ADDRESS 4414 HICKORY HILLS BLVD  
 CITY-ST-ZIP TITUSVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MD  Delete  
 NAME SPELLMAN, SUSAN  
 STREET ADDRESS 951 N. WASHINGTON AVE.  
 CITY-ST-ZIP TITUSVILLE FL

TITLE  Change  Addition  
 NAME Director  
 STREET ADDRESS Jennifer Darton  
 CITY-ST-ZIP P.O. Box 6012  
 Titusville FL 32782-6012

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:

*Jennifer Darton*

4/21/00

(321) 269-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #