

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90267 020 \*\*\*\*61.25

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**DOCUMENT # 763524**

1. Entity Name

**JESS PARRISH MEDICAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

338 S WASHINGTON AVE  
 TITUSVILLE FL 32796  
 US

PO BOX 6012  
 TITUSVILLE FL 32682-6012  
 US

2. Principal Place of Business

338 Washington Ave  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6012  
 Suite, Apt. #, etc.

City & State

Titusville

City & State

FL

4. FEI Number

59-2249275

Applied For

Not Applicable

Zip

32782

Country

Brevard

Zip

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, ROD L.  
 951 WASHINGTON AVENUE  
 TITUSVILLE FL 32781

7. Name and Address of New Registered Agent

Name JENNIFER DARTON

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

338 S-WASHINGTON AVE

City TITUSVILLE

FL

Zip Code

32796

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*

8/29/2001

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**  
 After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPARKMAN, GREG 4595 HELENA DR TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTERO, LUIS MD 3887 GOSHAWK PLACE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERHUNE, BARBARA 1627 CANDLE CT TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTIAGO, BULNES 2750 SUNRISE DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARTON, JENNIFER PO BOX 6012 TITUSVILLE FL 32782-6012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* REQUIRED

7-16-01 (301) 269-4066

CR2E037 (5/01)