

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90002 003 \*\*\*\*61.25

**DOCUMENT # 763524**

1. Entity Name

**JESS PARRISH MEDICAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**338 WASHINGTON AVE  
 TITUSVILLE FL 32782  
 US**

**PO BOX 6012  
 TITUSVILLE FL 32682-6012  
 US**

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

**59-2249275**

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

**DARTON, JENNIFER  
 338 S WASHINGTON AVE  
 TITUSVILLE FL 32796**

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 **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 **VP**  Change  Addition  
 NAME **Barbara Terhune**  
 STREET ADDRESS **1627 Candle Ct**  
 CITY-ST-ZIP **Titusville, FL 32780**

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

TITLE **Secretary**  Change  Addition  
 NAME **Jerry Allender**  
 STREET ADDRESS **545 Ora Dell Ave**  
 CITY-ST-ZIP **Titusville, FL 32796**

TITLE **TD**  Delete  
 NAME **SANTIAGO, BULNES**  
 STREET ADDRESS **2750 SUNRISE DRIVE**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DARTON, JENNIFER**  
 STREET ADDRESS **PO BOX 6012**  
 CITY-ST-ZIP **TITUSVILLE FL 32782-6012**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Assis Secy Tres. Earl Spencer, Jr.**  
 STREET ADDRESS **719 Garden St**  
 CITY-ST-ZIP **Titusville, FL 32796**

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 or without other like empowered.

SIGNATURE: \_\_\_\_\_

*Jennifer Darton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/21/02 (321) 269-4066*  
 Date Daytime Phone #

7440

CR2E037 (9/01)