

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768624

1. Entity Name

NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHI

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90110 027 ****61.25

Principal Place of Business Mailing Address
4400 BAYOU BLVD. 4400 BAYOU BLVD.
SUITE 21 SUITE 21
PENSACOLA FL 32503-2883 PENSACOLA FL 32503-1908

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 30B Suite 30B
City & State City & State

Zip Country Zip Country

4. FEI Number 59-2299573 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRAWICK, LUCY
334 N. SUNSET BLVD.
GULF BREEZE FL 32571

7. Name and Address of New Registered Agent
Name Sally Putters, ARNP
Street Address (P.O. Box Number is Not Acceptable) 11248 Highsprings Dr.
City Pensacola FL Zip Code 32534

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 *Sally Putters* Sally Putters, Co-President 2/24/00
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 NAME STREET ADDRESS CITY-ST-ZIP
VD MCWILLIAMS, NEIL, M.D. 300 W GOZALEZ ST PENSACOLA FL
STD JONES, ROSEMARY 638 POWELL DR. FORT WALTON BEACH FL
PD TRAWICK, LUCY 334 N. SUNSET BLVD. GULF BREEZE FL
Delete Delete Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
300 W. Gonzalez St.
Change Addition
Change Addition
COPD Sally Putters, ARNP 11248 Highsprings Dr. Pensacola, FL 32534
Change Addition
COPD Sheryl Ebeoglu 154 Country Club Rd. Shalimar, FL 32579
Change 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: *Sally Putters* SIGNED Sally Putters, Co-president 474 3696 (850)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)