

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F08539**

1. Entity Name  
**PAVILION HEALTH SERVICES, INC.**

Principal Place of Business C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US	FL	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE 32207 US	FL
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2. Principal Place of Business C/O HARVEY GRANGER	3. Mailing Address C/O HARVEY GRANGER
Suite, Apt. #, etc. 1325 SAN MARCO BLVD. SUITE 902	Suite, Apt. #, etc. 1325 SAN MARCO BLVD. SUITE 902

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number <b>59-2059710</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32207	Country US	Zip 32207	Country US	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRANGER HARVEY  
 GENERAL COUNSEL  
 1301 RIVERPLACE BLVD., SUITE 1700  
 JACKSONVILLE FL  
 32202 US

**7. Name and Address of New Registered Agent**

Name  
GRANGER HARVEY

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

1325 SAN MARCO BLVD., SUITE 902

City  
JACKSONVILLE FL Zip Code  
32202

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 \_\_\_\_\_ DATE **04/06/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUKASZEWSKI MICHAEL 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON REBECCA B 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGHARDT JOSEPH P 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON CAROL C 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRETT DONALD O 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GREENE A. HUGH 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REBECCA B. JACKSON **S** 04/06/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)