

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53780

1. Entity Name

SOUTHERN PROFESSIONAL HEALTH SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90186 042 ***150.00

Principal Place of Business

655 WEST 8TH STREET
 JACKSONVILLE FL 32209

Mailing Address

655 WEST 8TH STREET
 JACKSONVILLE FL 32209-6511

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

59-2143540

Applied For

Not Applicable

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

SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	HATCH, MONROE C	
STREET ADDRESS	3120 HENDRICKS AVE.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHEATWOOD, JOHN D	
STREET ADDRESS	1006 ALHAMBRA DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOTES, HENRY G	
STREET ADDRESS	937 N. MAIN ST.	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	DAST	<input checked="" type="checkbox"/> Delete
NAME	LOY, MANUEL	
STREET ADDRESS	580 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert + G. Norton	
STREET ADDRESS	655 West 8th Street +	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Gay	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Friedman	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)