

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 045 ***150.00

DOCUMENT # F53780

1. Entity Name

Southern Professional Health Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

655 West 8th Street

Suite, Apt. #, etc.

3. Mailing Address

Attn: Charles E. Caniff

Suite, Apt. #, etc.

655 West 8th Street

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2143540

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles E. Caniff, Esq.

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

655 West 8th Street

City

Jacksonville

FL

Zip Code
32209

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PCD

NAME

Otis L. Story, Sr.

STREET ADDRESS

655 West 8th Street

CITY-ST-ZIP

Jacksonville, FL 32209

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

TD

NAME

William J. Ryan

STREET ADDRESS

655 West 8th street

CITY-ST-ZIP

Jacksonville, FL 32209

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

NAME

Charles E. Caniff

STREET ADDRESS

655 West 8th Street

CITY-ST-ZIP

Jacksonville, FL 32209

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Caniff 4/30/02 (904)244-5984

Date

Daytime Phone #

CR2E034B (12/01)