2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

F53780 DOCUMENT #

SOUTHERN PROFESSIONAL HEALTH SERVICES, INC.

FILED May 07, 2003 8:00 am Secretary of State

05-07-2003 90172 005 ***150.00

				V	NO W						
Principal Plac	e of Business	Mailir	ng Address	•							
655 WEST 8TH STREET			655 WEST 8TH STREET							• •	
JACKSONVILLE FL 32209		JACK	JACKSONVILLE FL 32209					8	01164	46	
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2. Principal Place of Business			iling Address		00) I			11 OLDIK BIBLI O	IBII BIBII 1881
		Attn	Attn: (harles E. Canid f. Esq.								
Suite, Apt. #, etc.			te, Apt. #, etc.	<u> </u>	0	t			IE MAKING	CHANGES	
		65	1655 West 8th 5			eet 1					
City & State			& State		1		4. FEI N	lumber 59-2143540	1	A	oplied For
l			vackson ville,					39-2 143340	,	No	ot Applicable
Zip	Country	Zjp.	200	Coun	try		E Cortif	ficate of Status Desired		8.75 Ad	ditional
		30	407	<u> </u>			5. Cerui			ee Require	
	6. Name and Address of Curre	nt Register	legistered Agent			7. Name and Address of New Registered Agent					
					Name						
CANIFF, CHARLES E ESQ							(80.8)				
655 WEST 8TH STREET			Street Address			odress (F	(P.O. Box Number is Not Acceptable)				
	VILLE FL 32209										
JACKSON	VILLE PL 32209										_
					City				FL	Zip Cod	е
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. I am familiar with, and accept the obligations of registered agent.											
ine congenions or registered agent.											
SIGNATURE											
	Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOT	E: Registered	d Agent signat	ure required	when reinstating	ng)	DATE		
F	ILE NOW!!! FEE IS \$150.00									-	.,
After May 1, 2003 Fee will be \$550.00							9	Election Campaign Fire			0 May Be
Make Check Payable to Florida Department of State								Trust Fund Contributio	ni. ∐	Added	to Fees
10.	OFFICERS AN	ID DIRECTO	JBS	11.			ADDITIO	ONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11
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NAME	GAY, GREG			NAM		Will	liam c). Ryan st 8th Str	4.		
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TITLE	SD		Delete	TITLE				, -		Change	☐ Addition
NAME	CANIFF, CHARLES E			NAME	Ē						
STREET ADDRESS	655 WEST 8 STREET			STRE	et address						
CITY-ST-ZIP	JACKSONVILLE FL 32209			CITY-	-ST-ZIP		_				
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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 supplied 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 receipt or trustee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacy negregation and accurate and the property.

SIGNATURE: