2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90052 009 ***150.00

DOCUMENT # F83260

1. Entity Name

GH MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3627 UNIVERSITY BLVD. SUITE 840 JACKSONVILLE FL 32216	3627 UNIVERSITY BLVD. SUITE 840 JACKSONVILLE FL 32216-7404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3599 University Blvd., S.	3599 University Blvd., S.
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 / Country	Zip: 32216 / Country

4. FEI Number 59-2387438 ☐ 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*
GEIGER, ALLAN T. 1301 RIVERPLACE BLVD. JACKSONVILLE FL 32207	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 _____ DATE
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BROWN, J. BROOKS, M.D. 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 3599 University Blvd., S., Suite B	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST REINSCHMIDT, TIMOTHY W. 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX ☒ Change ☐ Addition 3599 University Blvd., S., Suite B	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAER, DOUGLAS M. 3627 UNIVERSITY BLVD SO JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition X 3599 University Blvd., S., Suite B	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition Hutton, Donald H. 3599 University Blvd., S., Suite B Jacksonville, FL 32216	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/99)

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 REQUIRED _____ 4/21/00 904-858-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #