

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

APPROVED
AND
FILED

DOCUMENT # F96060004163

1. Entity Name

Kelson Physician Partners of Southeast Florida, Inc.

00 OCT 25 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
90 State House Square
10th Floor
Hartford, CT 06103

Mailing Address
90 State House Square
10th Floor
Hartford, CT 06103

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

06-1460957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE P.D. ☒ Delete
NAME Creasy, E. Harry
STREET ADDRESS 90 State House Square, 10th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE D ☒ Delete
NAME Kinell, Jeffrey W.
STREET ADDRESS 90 State House Square, 10th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE ASD ☒ Delete
NAME Huges, Paul A.
STREET ADDRESS 90 State House Square, 10th Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☐ Change ☒ Addition
NAME Kries, Lawrence D.
STREET ADDRESS 90 State House Square, 10 Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE VP, S, T, D ☐ Change ☒ Addition
NAME Kinell, Jeffrey W.
STREET ADDRESS 90 State House Square, 10 Floor
CITY-ST-ZIP Hartford, CT 06103

TITLE Authorized Agent ☐ Change ☒ Addition
NAME Fields, Terry
STREET ADDRESS 4620 North State Road 7, Suite 316
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

L.D. Kries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE D. KRIES

10/24/00

860 548 9940

Date

Daytime Phone #

CR2F034 (9/99)