

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004163

1. Entity Name
KELSON PHYSICIAN PARTNERS OF SOUTHEAST 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME KRIES, LAWRENCE D
STREET ADDRESS 90 STATE HOUSE SQUARE, 10TH FLOOR
CITY-ST-ZIP HARTFORD CT 06103 ☐ Delete

TITLE AS
NAME CLAUDE CHASE
STREET ADDRESS 90 STATE HOUSE SQ. 10TH FLOOR
CITY-ST-ZIP HARTFORD CT 06103 ☐ Change ☒ Addition

TITLE VPST
NAME KINELL, JEFFREY W D
STREET ADDRESS 90 STATE HOUSE SQUARE, 10TH FLOOR
CITY-ST-ZIP HARTFORD CT 06103 ☐ Delete

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

TITLE AA
NAME FIELDS, TERRY
STREET ADDRESS 4620 NORTH STATE ROAD 7, STE. 316
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 of Terry Fields ASS TSLC 9/14/01 810548 9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90161 038 ***550.00



DO NOT WRITE IN THIS SPACE

0131568 AT

CR2E034 (5/01)