

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90072 003 ***550.00

DOCUMENT # F97000004493

1. Entity Name
GROUP PRACTICE SERVICES CORPORATION

Principal Place of Business
277 GREAT VALLEY PARKWAY
MALVERN PA 19355

Mailing Address
277 GREAT VALLEY PARKWAY
MALVERN PA 19355

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 **62-1555868**

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

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 ☐ Delete
 NAME **C**
 STREET ADDRESS **GOSDEN, CRAIG L**
 CITY-ST-ZIP **800 CONNECTICUT AVE.**
NORWALK CT 06854

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROBINSON, LINDA G**
 CITY-ST-ZIP **550 PARK AVE., PAT. 17W**
NEW YORK NY 10019

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

TITLE ☐ Delete
 NAME **DCEO**
 STREET ADDRESS **DEVANTIER, KEITH**
 CITY-ST-ZIP **1064 SQUIRE CHENEY DR.**
WEST CHESTER PA 19382

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

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **BREWER, JOHN**
 CITY-ST-ZIP **4 NEVIUS DR.**
FLEMINGTON NJ 08822

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

TITLE ☐ Delete
 NAME **TCFO**
 STREET ADDRESS **KEENAN, WILLIAM R**
 CITY-ST-ZIP **807 HALVORSEN DRIVE**
WEST CHESTER PA 19382

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NEUSCHELER, JOAN P**
 CITY-ST-ZIP **25 RIDGE BROOK DR.**
STAMFORD CT 06903

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:

WILLIAM R. KEENAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/01
 Date

610-578-1507
 Daytime Phone #

0132420 AT

CR2E034 (5/01)