

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003118

1. Entity Name
KELSON PHYSICIAN PARTNERS OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
90 STATE HOUSE SQUARE, 10TH FLOOR 90 STATE HOUSE SQUARE, 10TH FLOOR
HARTFORD CT 06103 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 06-1513783 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \$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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CREASEY, E. H	
STREET ADDRESS	90 STATE HOUSE SQUARE, 10TH FLOOR	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KINELL, JEFFREY W	
STREET ADDRESS	90 STATE HOUSE SQUARE, 10TH FLOOR	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, PAUL A	
STREET ADDRESS	90 STATE HOUSE SQ 10TH FL	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIES, LAWRENCE D.	
STREET ADDRESS	90 STATE HOUSE SQ., 10TH FLOOR	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE CHASE	
STREET ADDRESS	90 STATE HOUSE SQ., 10TH FLOOR	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elaine Chase* DATE: 9/14/01 TIME: 8:00 AM PHONE: 860 548 9980
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 036 ***550.00



DO NOT WRITE IN THIS SPACE

0131568 AT

CR2E034 (5/01)