

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-19-2001 90161 037 ***550.00

0131570 AT

DOCUMENT # F98000003119

1. Entity Name
KELSON PHYSICIAN PARTNERS OF NORTHEAST FLORIDA,

Principal Place of Business Mailing Address
90 STATE HOUSE SQUARE, 10TH FLOOR **90 STATE HOUSE SQUARE, 10TH FLOOR**
HARTFORD CT 06103 **HARTFORD CT 06103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1513784		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CREASEY, E. H 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIES, LAWRENCE D. 90 STATE HOUSE SQ., 10TH FLOOR HARTFORD CT 06103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KINELL, JEFFREY W 90 STATE HOUSE SQUARE, 10TH FLOOR HARTFORD CT 06103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELAINE CHASE 90 STATE HOUSE SQ., 10TH FLOOR HARTFORD CT 06103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HUGHES, PAUL A 90 STATE HOUSE SQ, 10TH FL HARTFORD CT 06103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required* DATE: **9/14/01** DAYTIME PHONE #: **820 548 9940**

CR2E034 (5/01)