

# 2001 UNIFORM BUSINESS REPORT (UBR)

0131573 AT

DOCUMENT # F99000000640

1. Entity Name

KELSON PHYSICIAN PARTNERS, INC.

FILED

01 SEP 27 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

90 STATE HOUSE SQUARE  
10TH FL  
HARTFORD CT 06103

Mailing Address

90 STATE HOUSE SQUARE  
10TH FL  
HARTFORD CT 06103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1389869

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

700004625397--0  
-10/05/01--01072--007

City

\*\*\*750.00 FL \*\*\*750.00

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 PCD  
NAME FAUST, HALLEY S  
STREET ADDRESS 90 STATE HOUSE SQ., 10TH FL  
CITY-ST-ZIP BLOOMFIELD CT 06002 ☐ Delete

TITLE D  
NAME Faust, Halley S.  
STREET ADDRESS 5 Timrod Lane  
CITY-ST-ZIP West Hartford, CT 06107 ☒ Change ☐ Addition

TITLE VTSD  
NAME KINELL, JEFFREY W  
STREET ADDRESS 90 STATE HOUSE SQ., 10TH FL  
CITY-ST-ZIP HARTFORD CT 06103 ☐ Delete

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

TITLE AS  
NAME HUGHES, PAUL A  
STREET ADDRESS 90 STATE HOUSE SQ., 10TH FL  
CITY-ST-ZIP HARTFORD CT 06103 ☒ Delete

TITLE CD  
NAME Creasey, E. Harry  
STREET ADDRESS 90 State House Sq., 10th Floor  
CITY-ST-ZIP Hartford, CT 06103 ☐ Change ☒ Addition

TITLE D  
NAME CRITES, ALAN W  
STREET ADDRESS 3000 SAND HILL RD, BLDE 3 STE 225  
CITY-ST-ZIP MENLO PARK CA 94025 ☐ Delete

TITLE D  
NAME Crouch, Layton R.  
STREET ADDRESS 16830 Ventura Blvd., Suite 244  
CITY-ST-ZIP Encino, CA 91436 ☐ Change ☒ Addition

TITLE D  
NAME LOTHROP, DONALD  
STREET ADDRESS 3000 SAND HILL RD, BLDG 1 STE 135  
CITY-ST-ZIP MENLO PARK CA 94025 ☒ Delete

TITLE D  
NAME Chessin, Robert D.  
STREET ADDRESS 15 Corporate Dr.  
CITY-ST-ZIP Trumbull, CT 06611 ☐ Change ☒ Addition

TITLE D  
NAME LEVIN, PHILIP A  
STREET ADDRESS 4601 SHERIDAN ST, STE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE D  
NAME Saltzman, Edward J.  
STREET ADDRESS 12827 NW Cinnamon Way  
CITY-ST-ZIP Palm City, FL 34990-4880 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/01 860548 9940

CR2E034 (5/01)