

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002900

1. Entity Name
KELSON PHYSICIAN PARTNERS OF SOUTH FLORIDA, 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 06-1557834 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 DP ☒ Delete
NAME CREASEY, E. HARRY
STREET ADDRESS 90 STATE HOUSE SQUARE, 10TH FLOOR
CITY-ST-ZIP HARTFORD CT 06103

TITLE ☐ Change ☒ Addition
NAME TD KIPS, LAWRENCE D.
STREET ADDRESS 90 STATE HOUSE SQ., 10TH FLOOR
CITY-ST-ZIP HARTFORD, CT 06103

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

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

TITLE ASD ☒ Delete
NAME HUGHES, PAUL A
STREET ADDRESS 90 STATE HOUSE SQUARE, 10TH FLOOR
CITY-ST-ZIP HARTFORD CT 06103

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REED ASS T SEC 9/14/01 8605489940
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 035 ***550.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)