

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90207 002 ***150.00

DOCUMENT # G31269

1. Entity Name

HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES,
M.D., P.A.



Principal Place of Business

303 N CLYDE MORRIS BLVD P O BOX 11107
DAYTONA BCH FL 32114-2709

Mailing Address

P O BOX 11107
DAYTONA BEACH FL 32120
US

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

59-2271175

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEEK, WILLIAM H.
303 N CLYDE MORRIS BLVD
DAYTONA BCH. FL 32015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DSVP ☐ Delete
NAME MACMAHON, KEVIN
STREET ADDRESS 303 N CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE DPT ☐ Delete
NAME MEEK, WILLIAM H
STREET ADDRESS 303 N CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE 1VP ☐ Delete
NAME HENSON, JAMES
STREET ADDRESS 303 N CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE 4VP ☐ Delete
NAME MATHIS, ROBERT
STREET ADDRESS 303 N CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE 5VP ☐ Delete
NAME ADAMS, OMAR
STREET ADDRESS 303 N CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 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 #

CR2E034 (10/02)