FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am DOCUMENT # G42690 Secretary of State 1. Entity Name FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A. 02-07-2002 90321 049 ***158.75 Mailing Address Principal Place of Business 1594 KINGSLEY AVENUE 1594 KINGSLEY AVENUE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2295934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee_Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULTMAN, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 1594 KINGSLEY AVE. **ORANGE PARK FL 32073** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 Change | ☐ Addition TITLE TITLE ☐ Defete BULTMAN, RICHARD J NAME NAME 1594 KINGSLEY AVE. STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP □] Change ☐ Addition TITLE ☐ Delete TITLE JOYNER, PEGGY A NAME NAME 1594 KINGSLEY AVE STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP OP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME SESSIONS, WILLIAM H MD NAME 1594 KINGSLEY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BIGGERSTAFF, JAMES R MD NAME NAME 1594 KINGSLEY AVE STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other