

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90112 036 ***158.75

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DOCUMENT # G42690



1. Entity Name
FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.

Principal Place of Business
**1594 KINGSLEY AVENUE
ORANGE PARK FL 32073**

Mailing Address
**1594 KINGSLEY AVENUE
ORANGE PARK FL 32073**

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
59-2295934

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

7. Name and Address of New Registered Agent

**BULTMAN, RICHARD J.
1594 KINGSLEY AVE.
ORANGE PARK FL 32073**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
O BULTMAN, RICHARD J
STREET ADDRESS **1594 KINGSLEY AVE.**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
S JOYNER, PEGGY A
STREET ADDRESS **1594 KINGSLEY AVE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE NAME Change Addition
Secretary
STREET ADDRESS **Marianne Kuhn**
CITY-ST-ZIP **1594 Kingsley Avenue**
Orange Park, FL 32073

TITLE NAME Delete
OP SESSIONS, WILLIAM H MD
STREET ADDRESS **1594 KINGSLEY AVE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
O BIGGERSTAFF, JAMES R MD
STREET ADDRESS **1594 KINGSLEY AVE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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 RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-03
Date Daytime Phone #

CR2E034 (10/02)