2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65346

1. Entity Name
PHYSICIANS' MEDICAL SERVICES OF JACKSONVILLE, IN

FILED
01 JUN 19 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/17/01-90235 002 $150.00

Principal Place of Business	Mailing Address
4201 BELFORT RD JACKSONVILLE FL 32216 US	4201 BELFORT RD JACKSONVILLE FL 32216 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 59-2369228 ☐ 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
MARTIN, JOANNE L 4500 SAN PABLO ROAD JACKSONVILLE FL 32224	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 $150.00
After MAY 1, 2001 Fee will be $550.00
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 T NAME HOCKING, DALE E STREET ADDRESS 4201 BELFORT RD CITY-ST-ZIP JACKSONVILLE FL	☑ Delete	TITLE T NAME Mary Hoffman STREET ADDRESS 4201 Belfort Rd. CITY-ST-ZIP Jacksonville, FL 32216	☐ Change ☑ Addition
TITLE P NAME HERRELL, JOHN H STREET ADDRESS 200 SW 1ST ST CITY-ST-ZIP ROCHESTER MN	☐ Delete	TITLE P NAME Hilary Mathews STREET ADDRESS 4201 Belfort Rd. CITY-ST-ZIP Jacksonville, FL 32216	☐ Change ☑ Addition
TITLE C NAME CORTESE, DENIS A MD STREET ADDRESS 4500 SAN PABLO ROAD CITY-ST-ZIP JACKSONVILLE FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME HUBER, HAROLD STREET ADDRESS 4201 BELFORT RD CITY-ST-ZIP JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VC NAME WALTERS, ROBERT M STREET ADDRESS 4500 SAN PABLO RD CITY-ST-ZIP JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Mary J. Hoffman MARY J. HOFFMAN 04/30/01 953-0503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)