

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90167 017 ***150.00

0029215 AV

DOCUMENT # G65346

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



Principal Place of Business
**4201 BELFORT RD
JACKSONVILLE FL 32216
US**

Mailing Address
**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

4. FEI Number **59-2369228**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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	T	<input type="checkbox"/> Delete
NAME	HOFFMAN, MARY	
STREET ADDRESS	4201 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HERRELL, JOHN H	
STREET ADDRESS	200 SW 1ST ST	
CITY-ST-ZIP	ROCHESTER MN	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CORTESE, DENIS A MD	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUBER, HAROLD	
STREET ADDRESS	4201 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	WALTERS, ROBERT M	
STREET ADDRESS	4500 SAN PABLO RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHEWS, HILARY	
STREET ADDRESS	4201 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bartley, George B. M.D.	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MARY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, ROBERT M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, HAROLD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/03
Date

953-2146
Daytime Phone #

CR2E034 (10/02)