

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # H23617**1. Entity Name
NORTHEAST FLORIDA BREAST CENTER, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON	C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700	1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE 32	JACKSONVILLE 32
32207 US	32207 US

2. Principal Place of Business	3. Mailing Address
C/O HARVEY GRANGER	C/O HARVEY GRANGER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1325 SAN MARCO BLVD., SUITE 902	1325 SAN MARCO BLVD., SUITE 902

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL
Zip	Zip
32207	32207
Country	Country
US	US

4. FEI Number
59-2453002
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**GRANGER HARVEY G.C.**
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL
32207 US**7. Name and Address of New Registered Agent**Name
GRANGER HARVEY
Street Address (P.O. Box Number is Not Acceptable)
1325 SAN MARCO BLVD.
SUITE 902
City
JACKSONVILLE FL Zip Code
32207

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 **HARVEY GRANGER****04/06/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **S** ☒ Delete
NAME **JACKSON, REBECCA B.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **D** ☐ Delete
NAME **THOMPSON, CAROL C.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **DVT** ☐ Delete
NAME **WILBANKS JOHN**
STREET ADDRESS **800 PRUDENTIAL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **DPV** ☐ Delete
NAME **GREENE, A. HUGH**
STREET ADDRESS **800 PRUDENTIAL DR.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **DP** ☐ Delete
NAME **MAHER JOHN J**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Change ☐ Addition
NAME **JACKSON REBECCA B**
STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **DVT** ☒ Change ☐ Addition
NAME **WILBANKS JOHN F**
STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **DV** ☒ Change ☐ Addition
NAME **THOMPSON CAROL C**
STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE **DP** ☒ Change ☐ Addition
NAME **GREENE A. HUGH**
STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **REBECCA B. JACKSON****S****04/06/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)