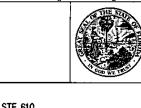
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** H74078

1. Entity Name

SIGNATURE:

DONALD C. BARTLEY, M.D., P.A.



## **FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90079 002 \*\*\*150.00

Daytime Phone #

			O WE TH		
Principal Place of Business 1801 BARRS ST. STE 610 JACKSONVILLE FL 32204		Mailing Address 1801 BARRS ST. STE 61 JACKSONVILLE FL 3220			
2. Principal Place of Business		3. Mailing Address		<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2569225	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registere	d Agent
			Name		
KATHLEEI	N H. COLD	the second of the second of the second of	Street Address	(P.O. Box Number is Not Acceptable)	
ONE INDE	PENDENT DR		Street Address	(P.O. Box Number is Not Acceptable)	
SUITE 230			· · · · · · · · · · · · · · · · · · ·	•	
JACKSONVILLE FL 32202			City	F	Zip Code
The above	named entity submits this statemen	at for the ourpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida. I a	_
	tions of registered agent.	are perpend or origing it	January of the or registe	2.22 agong or some interesting of thoraca. Tal	armia: with, and accept
IGNATURE .					
	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signature require	ed when reinstating) DATE	<u> </u>
F	ILE NOW!!! FEE IS \$150.00				
	r May 1, 2003 Fee will be \$550.	00	<del> ,</del>	9. Election Campaign Financing	
	k Payable to Florida Departmen	l l		Trust Fund Contribution.	Li Added to Fees
0.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 11
TLE	PD			ADDITIONS/GHANGES TO OFFICERS A	
AME .	BARTLEY, DONALD C.	☐ Delete	TITLE NAME		Change Addition
REET ADDRESS	1801 BARRS ST. STE 610		STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TLE	S	☐ Delete	TITLE		Change Addition
AME	BARTLEY, KIM		NAME		
REET ADDRESS	1801 BARRS ST. STE 610		STREET ADDRESS		
TY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
AME			NAME		
REET ADDRESS		,	- STREET ADDRESS =	to the second se	
TY-ST-ZIP			CITY-ST-ZIP		
TLE		☐ Delete	TITLE		☐ Change ☐ Addition
ME			NAME		
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
TLE .		☐ Delete	TITLE		☐ Change ☐ Addition
IME		Las Doloid	NAME		Change haddito
REET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			CITY-ST-ZIP		
rle					Chance Addition
IME I		☐ Delete	TITLE NAME		☐ Change ☐ Addition
REET ADDRESS			STREET ADDRESS		
	•				
TY-ST-ZIP		·	CITY-ST-ZIP	****	
2. I hereby c indicated of the corp changed,	certify that the information supplied von this report or supplemental reporporation or the receiver or thystee er or on an attachment with anhaddres	with this filing does not qualify for it is true and accurate and that impowered to execute this impor- is, with all other like empty fered		ection 119.07(3)(i), Florida Statutes. I further c same legal effect as if made under oath; that 7, Florida Statutes; and that my name appears	ertify that the information I am an officer or director in Block 10 or Block 11 if