

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51032

1. Entity Name

GH MEDICAL SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 006 ***150.00

Principal Place of Business
3627 UNIVERSITY BOULEVARD SOUTH
SUITE 840
JACKSONVILLE FL 32216

Mailing Address
3627 UNIVERSITY BOULEVARD SOUTH
SUITE 840
JACKSONVILLE FL 32216-7404

2. Principal Place of Business
3599 University Blvd., S.
Suite, Apt. #, etc.
Suite B
City & State
Jacksonville, FL
Zip
32216

Country

3. Mailing Address
3599 University Blvd., S.
Suite, Apt. #, etc.
Suite B
City & State
Jacksonville, FL
Zip
32216

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2742895
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GEIGER, ALLAN T.
1301 RIVERPLACE BLVD. SUITE 1500
SUITE 800
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DC	BROWN, J. BROOKS	3627 UNIVERSITY BLVD S.	JACKSONVILLE FL	<input type="checkbox"/>
DP	BAER, DOUGLAS M.	3627 UNIVERSITY BLVD S.	JACKSONVILLE FL	<input type="checkbox"/>
DSTV	REINSCHMIDT, TIMOTHY W.	3627 UNIVERSITY BLVD S.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3599 University Blvd., S., Ste.B		<input checked="" type="checkbox"/>
		3599 University Blvd., S., Ste.B		<input checked="" type="checkbox"/>
		3599 University Blvd., S., Ste.B		<input checked="" type="checkbox"/>
D	Hutton, Donald H.	3599 University Blvd., S., Ste.B	Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: 4/21/00 904-858-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)