

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51032

1. Entity Name  
GH MEDICAL SERVICES, INC.

FILED 1002

02 MAY 17 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3599 UNIVERSITY BLVD. SOUTH SUITE B  
SUITE B  
JACKSONVILLE FL 32216

Mailing Address  
3599 UNIVERSITY BLVD. SOUTH SUITE B  
SUITE B  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2742895

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

GEIGER, ALLAN T.  
1301 RIVERPLACE BLVD. SUITE 1500  
SUITE 800  
JACKSONVILLE FL 32207

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, 2002 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 DC  
NAME BROWN, J. BROOKS  
STREET ADDRESS 3599 UNIVERSITY BLVD. SOUTH SUITE B  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DP  
NAME BAER, DOUGLAS M.  
STREET ADDRESS 3599 UNIVERSITY BLVD. SOUTH SUITE B  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D/C  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DSTV  
NAME REINSCHMIDT, TIMOTHY W.  
STREET ADDRESS 3599 UNIVERSITY BLVD. SOUTH SUITE B  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D/S/T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HUTTON, DONALD H  
STREET ADDRESS 3599 UNIVERSITY BLVD. SOUTH SUITE B  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D/VC  
NAME FIELDS, ZACHARY R.  
STREET ADDRESS 4020 TURNBERRY CT  
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-858-7474

CR2034 (9/01)

2012

**GH Medical Services, Inc.**  
**CORPORATE OFFICERS**  
**April, 2002**

**Title: D/P**  
**Douglas M. Baer**

77 Tallwood Road, Jacksonville Beach, FL 32250

**Title: D/VP**  
**Timothy W. Reinschmidt**

3599 University Blvd. Jacksonville Beach, FL 32216