## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L29299**

1. Entity Name

DOCTOR'S OFFICE NETWORK, INC.

Principal Place of Business	Mailing Address  C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207-9023 US				
WILLIAM C. MASON  == RIVERPLACE BLVD SUITE 1700  [=SONVILLE FL 32207					
2. Principal Place of Business	3. Mailing Address				
Suite, Apt, #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

## FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90059 007 \*\*\*150.00

Applied For



DO NOT WRITE IN THIS SPACE

59-3001427

4. FEI Number

					ì			INO	Applicable	J
Zip Country		Zip Country		5. 0	5. Certificate of Status Desired See Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name						
Granger, Harvey General Counsel 1301 Riverplace BlVD., Suite 1700 Jacksonville Fl			Street Add							
JACKSONVILLE FL				City			FL	Zip Code	9	}
8. The above	named entity submits t	his statement for th	e purpose of changing its r	egistered office or re	egistered age	ent, or both, in the State of Florid	a.		<del>7.</del>	
SIGNATURE .	Signature, typed or printed name		N. T. C. L. C.	D-11 44			DATÉ		<del>-</del>	l
	Signature, typed or printed nam	e or registered agent and t	itie if applicable (NOTE:	Registered Agent signature	required when re	instating)	UAIE			1
Tax filing requirement and elects to do so. After I				! FEE IS \$150.00 O Fee will be \$550 e to Department o	0.00	10. Election Campaign Finand Trust Fund Contribution.	cing 🔲		<b>0</b> May Be to Fees	
11.		DEFICERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND [	DIRECTORS	S IN 11	1
TITLE	D		☐ Delete	TITLE		<del></del>	-	Change	Addition	18
NAME	MASON, WILLIAM (	Σ.		NAME						19
STREET ADDRESS	ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700			STREET ADDRESS						18
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP						و ا
TITLE	DV		☐ Delete	TITLE				Change	Addition	18
NAME	GROOVER, JACK R	. M.D.		NAME				_ •		
STREET ADDRESS	1301 RIVERPLACE	BLVD., SUITE 17	00	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP		•		•		
TITLE	DP	7	Delete	TITLE		<del>-</del>		Change	Addition	1
NAME	THOMPSON, CARO	L C.	D0,000	NAME				•		
STREET ADDRESS	1301 RIVERPLACE		00	STREET ADDRESS						1
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP						1
TITLE	D		□ Delete	TITLE				Change	Addition	1
NAME	MCLEAR, WILLIAM	Z. M.D.	belete	NAME						ļ
STREET ADDRESS	800 PRUDENTIAL D	_		STREET ADDRESS						1
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP						l
TITLE	DV	<del></del>	☐ Delete	TITLE	_			Change	☐ Addition	1
NAME	PARRETT, DONALD	0.	0000	NAME						
STREET ADDRESS	1325 SAN MARCO		1	STREET ADDRESS						1.
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP						
TITLE	V		□ Delete	TITLE				Change	Addition	1
NAME	HARKNESS, CHARL	ES M	L Diete	NAME					<b>—</b>	
STREET ADDRESS	1301 RIVERPLACE		00	STREET ADDRESS						ĺ
CITY-ST-ZIP	JACKSONVILLE FL	, <b>_</b>		CITY-ST-ZIP						
13. Thereby o	<b></b> -	on supplied with thi	s filing does not qualify for	the exemption states	d in Section	119.07(3)(i), Florida Statutes. I fu	rther certif	v that the ir	nformation	1
indicated	on this report or supple	emental report is tru	e and accurate and that m	y signature shall hav	e the same I	egal effect as if made under oatl	h; that I an	an officer	or director	

of the corporation of 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

Rebecca B. Jackson, Sec.

4-19-00

904/202-4005

Attachment #629299 A0047911

DOCUMENT # L29299 DOCTOR'S OFFICE NETWORK, INC.

S/T Jackson, Rebecca B.

1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207