

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001572

1. Entity Name
ATLANTIC FAMILY MEDICAL CENTER OF JACKSONVILLE,

FILED

01 FEB 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13155 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address
13155 ATLANTIC BLVD.
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3567698

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM I. SCHWARTZ, D.O.
13155 ATLANTIC BLVD.
JACKSONVILLE FL 32225

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM SCHWARTZ, IRVINGN ☐ Delete
STREET ADDRESS 11714 BRIARWOOD CIR., #4
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

TITLE NAME MGRM SCHWARTZ, EVELYN ☐ Delete
STREET ADDRESS 11714 BRIARWOOD CIR., #4
CITY-ST-ZIP BOYNTON BEACH FL 33437

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Irving Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)