

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005420

1. Entity Name

NORTHEAST FLORIDA MEDICAL SOCIETY, INCORPORATED

Principal Place of Business

3160 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

Mailing Address

POST OFFICE BOX 2270
JACKSONVILLE FL 32202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCINTOSH, CHARLES B M.D.
3160 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME CAIN, ROGERS
STREET ADDRESS 3000 DUNN AVENUE #70
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE SD ☐ Delete

NAME MCINTOSH, CHARLES B M.D.
STREET ADDRESS 3160 WEST EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ Delete

NAME SIMMONS, CHARLES E III
STREET ADDRESS 1771 EDGEWOOD AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TD ☐ Delete

NAME ATKINS, KENNETH M.D.
STREET ADDRESS 580 W. 8TH STREET #7005
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete

NAME THOMPSON, SHELLY H M.D.
STREET ADDRESS 3160 WEST EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete

NAME CODY, WILLIAM M.D.
STREET ADDRESS 1820 BARRS STREET #701
CITY-ST-ZIP JACKSONVILLE FL 32203

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Atkins M.D. KENNETH ATKINS MD

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90085 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)