FILED
Mar 06, 2003 8:00 am
Secretary of State
02-10-2003 90139 006 ****70.00

55014136

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000007125

1. Entity Name
ST. ANTHONY'S PRIMARY CARE, INC.

Principal Place of Business	Mailing Address
1200 7TH AVENUE NORTH ST. PETERSBURG FL 33705 US	ADMIN 1200 7TH AVENUE NORTH ST. PETERSBURG FL 33705 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1022435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD O
200 CENTRAL AVENUE, SUITE 1600
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name FORD KYES

Street Address (P.O. Box Number is Not Acceptable)

1200 7th Avenue No

City ST. PETERSBURG FL Zip Code 33705

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ford Kyes
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE "D" / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kyes, Ford 1200, 7th Ave. No St. Petersburg, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE "T" / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tremonti, Carl SR. 1200 7th Ave No St. Petersburg, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corp Secretary Marlys Bean 1200, 7th Ave No St. Petersburg, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE "D" / NAME / STREET ADDRESS / CITY-ST-ZIP	D Shelman, Patricia 1200, 7th Ave No St. Petersburg, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Ford Kyes
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR Date Daytime Phone #