

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02974

1. Entity Name

DAVIS PARK MEDICAL ASSOCIATION OF PENSACOLA, INC

Principal Place of Business

5500 N. DAVIS HWY. STE. #4
P. O. BOX 30410
PENSACOLA FL 32503

Mailing Address

5500 N. DAVIS HWY. STE. #4
P. O. BOX 30410
PENSACOLA FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498008

Applied For

Not Applicable

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

BROWN, THOMAS L.
5500 N. DAVIS HWY.
STE. 4
PENSACOLA FL 32503

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BROWN, THOMAS L., M.D.
STREET ADDRESS 5500 N. DAVIS HWY. STE 4
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME P. K. GARG, M.D.
STREET ADDRESS 5500 NORTH DAVIS HWY.
CITY-ST-ZIP SUITE 1 PENSACOLA, FL 32503

TITLE D ☒ Delete
NAME FLYNN, DONNA
STREET ADDRESS 5500 N. DAVIS HWY. STE 2
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Change ☒ Addition
NAME JOUMANA SARKHOCH, M.D.
STREET ADDRESS 5500 N. DAVIS HWY., STE. 3
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D ☒ Delete
NAME PACKARD, RUSSELL, M.D.
STREET ADDRESS 5500 N. DAVIS HWY. STE 1
CITY-ST-ZIP PENSACOLA FL

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

TITLE D ☐ Delete
NAME DAVIES, ROBERT T R.P.H.
STREET ADDRESS 5498 DAVIS HWY
CITY-ST-ZIP PENSACOLA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: THOMAS L. BROWN ^{MD} 04/30/01 850-436-4037

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91322 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)