

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90307 004 ****61.25

DOCUMENT # N16075

1. Entity Name

PHYSICIAN AND HOSPITAL PRACTICES, INC.

Principal Place of Business

Mailing Address

**4500 SAN PABLO RD.
 JACKSONVILLE FL 32224**

**4500 SAN PABLO RD.
 JACKSONVILLE FL 32224-1865**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0926631

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARTIN, JOANNE L.
 4500 SAN PABLO ROAD
 JACKSONVILLE FL 32224-8865**

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP WALTERS, ROBERT M 4500 SAN PABLO RD. JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFFORD, ROBERT 4500 SAN PABLO RD JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLLING, DAVID B. 4500 SAN PABLO RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ARTHUR 4500 SAN PABLO RD. JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V READ, LARRY J 4500 SAN PABLO RD. JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRUSS, MARIA 4500 SAN PABLO RD. JACKSONVILLE FL 32224	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Denise Cortese, MD 4500 San Pablo Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Bratton, MD 4500 San Pablo Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Healy 4500 San Pablo Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John mentel MD 4500 San Pablo Rd Jacksonville FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 904-953-2400

CR2E037 (9/99)