

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90167 016 ****61.25

DOCUMENT # N16075

1. Entity Name

PHYSICIAN AND HOSPITAL PRACTICES, INC.



Principal Place of Business

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

Mailing Address

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

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 **93-0926631**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CORTESE, DENIS MD	
STREET ADDRESS	4500 SAN PABLO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRATTON, ROBERT MD	
STREET ADDRESS	4500 SAN PABLO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOFFMAN, MARY	
STREET ADDRESS	4201 BRIFEST RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENTEL, JOHN MD	
STREET ADDRESS	4500 SAN PABLO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLLING, DAVID B	
STREET ADDRESS	4500 SAN PABLO DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALTERS, ROBERT	
STREET ADDRESS	4520 SAN PABLO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTZEY, GEORGE B.	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESUTTI, R. JOHN DO	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

4/24/2003 (904)953-2000

CR2E037 (10/02)