2000 UNIFORM BUSINESS REPORT (UBR)

04-13-2001 90094 023 ***297.50
N40597

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 PM 3:50

DOCUMENT # N40597

1. Entity Name

DUVAL COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business	Mailing Address
1045 RIVERSIDE AVE 190 JACKSONVILLE FL 32204 US	P O BOX 40465 JACKSONVILLE FL 32203-465 US

DO NOT WRITE IN THIS SPACE

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 59-3043162 ☐ 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
GILBERT, PHILIP 1045 RIVERSIDE AVE 190 JACKSONVILLE FL 32204	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 Philip H. Gilbert 4-9-01
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
After September 13, 2000 min. will be $236.25

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	P HARMON, JOAN 4233 MORENA LANE JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President Ginger Crump 4100 South Edgewood Ave Jacksonville FL 32205	☒ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAHILL, ANN 13747 HAMMOCK CAY DR. JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect Karen Merrell 8041 Sweetwater Island Trail Jacksonville FL 32256	☒ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS QUINLAN, DIANA 6644 EPPING FOREST WAY N JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Susan Koslowski 8118 Middlefork Way Jacksonville FL 32256	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRANDON, DONNA 814 CHICOPIT LN JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President DeLinda Moore 1301 Ocean Dr. South #803 Jacksonville Beach FL 32250	☒ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shar Donovan Secretary 7890 Smullian Trail West Jacksonville, FL 32217	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sean Henderson Treasurer 2970 St. Johns Ave #56 Jacksonville FL 32205	☐ Change ☐ Addition

CR2E037 (5/00)

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: Jean Henderson REQUIRED 4-10-01 904-389-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/17