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

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

DO NOT WRITE IN THIS SPACE

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	P ☐ Delete	TITLE	D President ☒ Change ☒ Addition
NAME	HARMON, JOAN	NAME	Ginger Crump
STREET ADDRESS	4233 MORENA LANE	STREET ADDRESS	1400 South Edgewood Ave
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville FL 32205
TITLE	VPD ☐ Delete	TITLE	President-Elect ☒ Change ☒ Addition
NAME	CAHILL, ANN	NAME	Karen Merrell
STREET ADDRESS	13747 HAMMOCK CAY DR.	STREET ADDRESS	8041 Sunny Island Trail
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	Jacksonville FL 32256
TITLE	DS ☐ Delete	TITLE	Vice President ☒ Change ☒ Addition
NAME	QUINLAN, DIANA	NAME	Susan Koslowski
STREET ADDRESS	6644 EPPING FOREST WAY N	STREET ADDRESS	8118 Middlefork Way
CITY-ST-ZIP	JACKSONVILLE FL 32217	CITY-ST-ZIP	Jacksonville FL 32256
TITLE	TD ☐ Delete	TITLE	Vice President ☒ Change ☒ Addition
NAME	BRANDON, DONNA	NAME	Delinda Moore
STREET ADDRESS	814 CHICOPIT LN	STREET ADDRESS	401 Ocean Dr. South #803
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	Jacksonville Beach FL 32250
TITLE	☐ Delete	TITLE	Sharon Donovan Secretary ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	7890 Smullian Trail West
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	☐ Delete	TITLE	Jean Henderson Treasurer ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	2970 St. Johns Ave #56
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville FL 32205

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 E. HENDERSON 4-10-01 904-389-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/17