

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40597

1. Entity Name

DUVAL COUNTY MEDICAL SOCIETY ALLIANCE, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90143 020 ****61.25

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

555 Bishopgate Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32204

Country

US

Zip

32203-0465

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 — 555 Bishopgate Lane

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

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	DP CRUMP, GINGER 1900 SOUTH EDGEWOOD AVE JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE MERRELL, KAREN 8041 JAMES ISLAND TRAIL JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSLOWSKI, SUSAN 8118 MIDDLEFORK WAY JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOORE, DELINDA 401 OCEAN DR. SOUTH #803 JACKSONVILLE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOVAN, SHAR 7690 SMULLIAN TRAIL JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, JEAN 2970 ST JOHNS AVE #5G JACKSONVILLE FL 32205	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PULLEY, DENA 10307 Cypress Lakes Dr. Jacksonville, FL 32256 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)