

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90105 031 ****70.00

0011561

DOCUMENT # N44189

1. Entity Name

JACKSONVILLE COMMUNITY HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

5375 VERNON RD.
 JACKSONVILLE FL 32209
 US

5375 VERNON RD.
 JACKSONVILLE FL 32209
 US

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

59-3141255

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

**JOHNSTON, BARBARA
 MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.
 ONE INDEPENDENT DRIVE- SUITE 3000
 JACKSONVILLE FL 32202**

Name **Isiah J. Williams, III**

Street Address (P.O. Box Number is Not Acceptable)

8905 Castle Blvd.

City **Jacksonville**

FL

Zip Code
32208

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 *Isiah J. Williams, III*
 Signature, typed or printed name of registered agent and title if applicable

Isiah J. Williams, III

April 9, 2001

(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 **P** ☐ Delete
 NAME **WILLIAMS, ISIAH J III**
 STREET ADDRESS **8905 CASTLE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **EPPS, FRANCINA**
 STREET ADDRESS **P.O. BOX 9092**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROBINSON, REV. PERRY C SR.**
 STREET ADDRESS **5603 SILVERDALE AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MEANS, ELIZABETH**
 STREET ADDRESS **655 W 8TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MD** ☐ Delete
 NAME **PETTIS, JEAN**
 STREET ADDRESS **5375 VERNON RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **WILLIAMSON, PERCY**
 STREET ADDRESS **8544 ANDALONA ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **George Carter**
 CITY-ST-ZIP **8905 Castle Blvd. Jacksonville, FL**

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

April 9, 2001 (904) 924-1415

Date

Daytime Phone #

CR2E037 (10/00)