

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State
 08-11-2000 90093 013 ****61.25

DOCUMENT # N95000004871

1. Entity Name

NORTH FLORIDA PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

720 GILMORE STREET
 SUITE 600
 JACKSONVILLE FL 32204

Mailing Address

720 GILMORE STREET
 SUITE 600
 JACKSONVILLE FL 32204

2. Principal Place of Business

710 LOMAX ST
 Suite, Apt. #, etc.
 Jacksonville

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

32204

Country

USA

Country

4. FEI Number

59-3343188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
 50 NORTH LAURA STREET
 SUITE 3300
 JACKSONVILLE FL 32202

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.

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JULIAN E M.D.	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURT, JAMES N M.D.	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, PATRICIA	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, MICHAEL	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKNESS, CHARLES D	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOPPEL, CHRIS	
STREET ADDRESS	720 GILMORE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input 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:

James N. Burt, MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/00 909 355-6583

CR2E037 (5/00)