

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005752

1. Entity Name
THE GOOD NEWS DOCTOR, INC.

FILED

01 NOV 28 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1663 GEORGIA STREET
#700
PALM BAY FL 32907
US**

Mailing Address
**1663 GEORGIA STREET
#700
PALM BAY FL 32907
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



4. FEI Number **59-3473087**
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

**KANCILIA, JOHN R ESQ
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901**

Name
O'Brien, James M. Esq.
Street Address (P.O. Box Number is Not Acceptable)
1686 West Hibiscus Blvd.
City **Melbourne** FL Zip Code **32901**

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 **James Bradstreet MD, Director** 11/20/01
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 12, 2001, 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 **D** ☐ Delete
NAME **BRADSTREET, JAMES J MD**
STREET ADDRESS **730 EMERSON DRIVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Change ☒ Addition
NAME **John Padgett**
STREET ADDRESS **10350 Log House Rd.**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☐ Delete
NAME **DEKKER, HENRY**
STREET ADDRESS **1260 HOLLOW BROOK LANE**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE **D** ☐ Change ☒ Addition
NAME **Monty Wooldridge**
STREET ADDRESS **3715 Winding Lake Circle**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE **D** ☒ Delete
NAME **KUNNATH, WILLIAM**
STREET ADDRESS **PO BOX 439 N/A**
CITY-ST-ZIP **PALM CITY FL 34990-0439**

TITLE **D** ☐ Change ☒ Addition
NAME **Jerrold Kartzinel MD**
STREET ADDRESS **3604 Quail Ct.**
CITY-ST-ZIP **Melbourne, FL 32904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Mark Hoefling**
STREET ADDRESS **5367 Conroy Rd., #300**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100004732881--9
-12/19/01--01045--037
******245.00 ****245.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE

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CR2E037 (5/01)