

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90208 045 ****61.25

DOCUMENT # N98000006364

1. Entity Name
THE FLORIDA PHYSICIANS UNION, INC.

Principal Place of Business Mailing Address
11265 ALUMNI WAY, SUITE 202 **11265 ALUMNI WAY, SUITE 202**
JACKSONVILLE FL 32246 **JACKSONVILLE FL 32246-6685**



DO NOT WRITE IN THIS SPACE

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 **59-3544648** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEIDNER, DONALD W ESQ.
11265 ALUMNI WAY, SUITE 202
JACKSONVILLE FL 32246

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

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	PD	<input type="checkbox"/> Delete
NAME	LAPORTA, MARK A M.D.	
STREET ADDRESS	1175 SEVENTY FIRST ST.	
CITY-ST-ZIP	MIAMI BEACH FL 33151	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERS, CALVIN R M.D.	
STREET ADDRESS	2501 N. ORANGE AVE., #310	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLE, SUSAN W D.O.	
STREET ADDRESS	602 W. INDIAN RIVER BLVD., STE 105	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREEDMAN, DONALD S M.D.	
STREET ADDRESS	4130 SALISBURY ROAD., SUITE 2000	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2-29-00** **904-641-4033**
Date Daytime Phone #

CR2E037 (9/99)