

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006364

1. Entity Name

THE FLORIDA PHYSICIANS UNION, INC.

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

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

Principal Place of Business
11265 ALUMNI WAY, SUITE 202
JACKSONVILLE FL 32246

Mailing Address
11265 ALUMNI WAY, SUITE 202
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEIDNER, DONALD W ESQ. 11265 ALUMNI WAY, SUITE 202 JACKSONVILLE FL 32246		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00 904-641-4033

Date Daytime Phone #

CR2E037 (9/99)