

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006364

1. Entity Name

THE FLORIDA PHYSICIANS UNION, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90390 012 ****61.25

Principal Place of Business

11265 ALUMNI WAY, SUITE 202
 JACKSONVILLE FL 32246

Mailing Address

11265 ALUMNI WAY, SUITE 202
 JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544648

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME LAPORTA, MARK A M.D.
 STREET ADDRESS 1175 SEVENTY FIRST ST.
 CITY-ST-ZIP MIAMI BEACH FL 33151

TITLE Vice President ☐ Change ☒ Addition
 NAME Storey, Ben, M.D.
 STREET ADDRESS 500 N., Washington Ave.
 CITY-ST-ZIP Titusville, FL 32796

TITLE VD ☒ Delete
 NAME PETERS, CALVIN R M.D.
 STREET ADDRESS 2501 N. ORANGE AVE., #310
 CITY-ST-ZIP ORLANDO FL 32804

TITLE Treasurer ☐ Change ☒ Addition
 NAME Autin, James J., M.D.
 STREET ADDRESS 1700 SE Hillmoor Drive, #501
 CITY-ST-ZIP Port St. Lucie, FL 34952

TITLE S ☐ Delete
 NAME HOLE, SUSAN W D.O.
 STREET ADDRESS 602 W. INDIAN RIVER BLVD., STE 105
 CITY-ST-ZIP EDGEWATER FL 32132

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

TITLE TD ☐ Delete
 NAME FREEDMAN, DONALD S M.D.
 STREET ADDRESS 4130 SALISBURY ROAD., SUITE 2000
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE President ☒ Change ☐ Addition
 NAME Freedman, Donald S M.D.
 STREET ADDRESS 4130 Salisbury Road Ste 2000
 CITY-ST-ZIP Jacksonville, FL 32216

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME Huseman, William N.R.
 STREET ADDRESS 11265 Alumni Way, #202
 CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME Weidner, Donald W.
 STREET ADDRESS 11265 Alumni Way # 202
 CITY-ST-ZIP Jacksonville, FL 32246

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:

William N. R. Huseman

5/1/01

904-641-4033

CR2E037 (10/00)