

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-14-2002 90296 028 ****61.25

DOCUMENT # N98000006364

1. Entity Name

THE FLORIDA PHYSICIANS UNION, INC.

Principal Place of Business

Mailing Address

11265 ALUMNI WAY, SUITE 202
 JACKSONVILLE FL 32246

11265 ALUMNI WAY, SUITE 202
 JACKSONVILLE FL 32246

00420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~6320 St. Augustine Rd~~
 Suite, Apt. #, etc. ~~1730 Kingsley Ave~~
~~#12~~ **Ste A**

~~6320 St. Augustine Rd~~
 Suite, Apt. #, etc. ~~1730 Kingsley Ave~~
~~#12~~ **Ste A**

City & State **ORANGE PARK, FL**
~~Jacksonville, FL~~

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~~Jacksonville, FL~~

4. FEI Number

59-3544648

Applied For

Not Applicable

Zip **32073**
~~32217~~

Country
USA

Zip **32073**
~~32217~~

Country
USA

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 **Christopher L. Nuland**
 Street Address (P.O. Box Number is Not Acceptable)
1000 Riverside Ave Suite 115
Jacksonville, FL 32204
 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]

Christopher L. Nuland

4-27-02

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 NAME STREET ADDRESS CITY-ST-ZIP	VP/D STOREY, BEN M.D. 500 N. WASHINGTON AVE. TITUSVILLE FL 32786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D AUSTIN, JAMES J M.D. 1700 SE HILLMOOR DRIVE, #501 PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D 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	P FREEDMAN, DONALD S M.D. 4130 SALISBURY ROAD., SUITE 2000 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSEMAN, WILLIAM N.R. 11265 ALUMNI WAY, #202 JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIDNER, DONALD W 11265 ALUMNI WAY #202 JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

4063 Salisbury Rd Suite 200
Jacksonville, FL 32216

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

[Signature]
Donal S. Freedman, MD

4-27-02

Date

904-281-0460
 Daytime Phone #

CR2E037 (9/01)



FLORIDA PHYSICIANS UNION, INC.

Attachment
36424

June 17, 2002

Florida Department of State
Division of Corporations
P O BOX 1500
Tallahassee, FL 32302-1500

Reference Number: N98000006364

I have enclosed the 2002 Uniform Business Report for the *Florida Physicians Union, Inc.* indicating 3 directors.

Please be advised, that we have a new mailing address effective immediately it is:

1730 Kingsley Avenue, Suite A
Orange Park, Florida 32073

If you need any additional information, please call this office at (904) 637-0060.

Sincerely,

Janet C. Levy

Janet C. Levy
FPU Administrator

self