

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006364

1. Entity Name
THE FLORIDA PHYSICIANS UNION, INC.



Principal Place of Business
1730 KINGLEY AVE
STE A
ORANGE PARK, FL 32073

Mailing Address
1730 KINGLEY AVE
STE A
ORANGE PARK, FL 32073



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3544648

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARPER, LEWIS W PLLC
12627 SAN JOSE BLVD
STE 302
JACKSONVILLE, FL 32223

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	STOREY, BEN M.D.
STREET ADDRESS	500 N. WASHINGTON AVE.
CITY - ST - ZIP	TITUSVILLE, FL 32796
TITLE	STD
NAME	AUSTIN, JAMES J M.D.
STREET ADDRESS	1700 SE HILLMOOR DRIVE, #501
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34952
TITLE	P
NAME	FREEDMAN, DONALD S M.D.
STREET ADDRESS	4063 SALISBURY RD SUITE 202
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000252607
03/05/05-80035-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05

Date

321-5432101

Daytime Phone #