05-30-2003 90088 027 ****61.25
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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 24 AM 9:36

DOCUMENT # N98000006364

1. Entity Name
THE FLORIDA PHYSICIANS UNION, INC.

Principal Place of Business	Mailing Address
1730 KINGLEY AVE STE ORANGE PARK FL 32073	1730 KINGLEY AVE STE ORANGE PARK FL 32073

2. Principal Place of Business	3. Mailing Address
1730 Kingsley Ave.	1730 Kingsley Ave.
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Orange Park, FL 32073	City & State Orange Park, FL
Zip: 32073 Country: USA	Zip: 32073 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
DULAND, CHRISTOPHER L 1000 RIVERSIDE AVE SUITE 115 JACKSONVILLE FL 32204	Name: Mr. Lewis Harper, Esq. Street Address (P.O. Box Number is Not Acceptable): 76 South Laura Street, Suite 1700 City: Jacksonville FL Zip Code: 32202

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: On File Lewis Harper 6/12/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STOREY, BEN M.D. 500 N. WASHINGTON AVE. TITUSVILLE FL 32796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AUSTIN, JAMES J M.D. 1700 SE HILLMOOR DRIVE, #501 PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLE, SUSAN W D.O. 602 W. INDIAN RIVER BLVD., STE 105 EDGEWATER FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hole, Susan W D.O. 346 N Ridgewood Ave., Ste A Edgewater, FL 32132	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FREEDMAN, DONALD S M.D. 4063 SALISBURY RD SUITE 202 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Donald S. Freedman SIGNATURE REQUIRED 5/29/03 904-637-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #