

5/18/00-

**FILED****Jun 21, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90368 037 \*\*\*61.25

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002214**

1. Entity Name

**HEALTHY FAMILIES JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

**9143 PHILIPS HIGHWAY #350  
JACKSONVILLE FL 32256****9143 PHILIPS HIGHWAY #350  
JACKSONVILLE FL 32256-1374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3589540**

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

**GORDON, BARBARA  
9143 PHILIPS HIGHWAY #350  
JACKSONVILLE FL 32256**

Name

**Barbara Gordon Rovedo**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>BRADY, CAROL</b> <b>9143 PHILIPS HIGHWAY #350</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Jeanne Middleton</b> <b>4567 St. Johns Bluff Rd. S. #855</b> <b>Jacksonville, FL 32224-2465</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>FREELAND, MARY</b> <b>421 W. CHURCH ST. #222</b> <b>JACKSONVILLE FL 32202</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>Elizabeth Means</b> <b>655 W. 8th St.</b> <b>Jacksonville, FL 32209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GOLDHAGEN, JEFFREY M.D.</b> <b>515 W. 8TH STREET</b> <b>JACKSONVILLE FL 32206</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Dr. David Page</b> <b>515 W. 6th St.</b> <b>Jacksonville, FL 32224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carol Brady</b> <b>9143 Philips Highway #350</b> <b>Jacksonville, FL 32256</b>	<input checked="" 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	<b>Queen Berrian</b> <b>11097 Blue Roan Ct</b> <b>Jacksonville, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lois Crook</b> <b>5920 Arlington Expwy</b> <b>Jacksonville, FL 32211</b>	<input type="checkbox"/> Change <input checked="" 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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

Date

Daytime Phone #

**5/1/00****630-3242**

CR2E037 (9/99)