

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002742

1. Entity Name

MAYO/ST. LUKE'S ANCILLARY SERVICES, INC.

R

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-18-2000 90307 002 ****61.25

Principal Place of Business

Mailing Address

4500 SAN PABLO RD.
JACKSONVILLE FL 32224

4500 SAN PABLO RD.
JACKSONVILLE FL 32224-1865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574844

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

7. Name and Address of New Registered Agent

MARTIN, JOANNE L
4500 SAN PABLO RD.
JACKSONVILLE FL 32224

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 resigning)

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	<input type="checkbox"/> Delete
D	BOLLING, DAVID B	4500 SAN PABLO RD.	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	COLE, JULIE E	4500 SAN PABLO RD.	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	FULMER, JACK T M.D.	4500 SAN PABLO RD.	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	MATHEWS, HILARY	4500 SAN PABLO RD.	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	SZYMANSKI, THEODORE J D.O.	4500 SAN PABLO RD.	JACKSONVILLE FL 32224	<input type="checkbox"/>
				<input type="checkbox"/>

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

4/26/00

904-953-2400

Date

Daytime Phone #

CR2E037 (9/99)