

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90147 020 \*\*\*\*61.25

**DOCUMENT # N99000005808**

1. Entity Name

**COMMUNITY ASTHMA PARTNERSHIP-JACKSONVILLE, INC.**



Principal Place of Business

**5526 ARLINGTON ROAD  
JACKSONVILLE FL 32211-5216**

Mailing Address

**5526 ARLINGTON ROAD  
JACKSONVILLE FL 32211-5216**

60013781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3603068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOUSEY, CLAY B JR.  
ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Jeanne Torbett, CMP**

Street Address (P.O. Box Number is Not Acceptable)

**4909 Lannie Rd, Ste. B**

City **Jacksonville,**

**FL**

Zip Code  
**32218**

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

*Jeanne Torbett, CMP*

*Jeanne Torbett, CMP* 1/31/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BLAKE, KATHRYN 5526 ARLINGTON ROAD JACKSONVILLE FL 32211-5216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILSON, DEBRA 5526 ARLINGTON ROAD JACKSONVILLE FL 32211-5216</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD D'ABUNDO, MICHELLE 5526 ARLINGTON ROAD JACKSONVILLE FL 32211-5216</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	<b>SD Sudhir Prabhu, MD 4123 University Blvd., S, Ste. B Jacksonville, FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Lynn Turner, RRT 1325 San Marco Blvd, Ste. 502 Jacksonville, FL 32207</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jeanne Torbett, CMP 4909 Lannie Rd, Ste. B Jacksonville, FL 32218</b>	<input type="checkbox"/> Change <input checked="" 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

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:

*Jeanne Torbett, CMP*

1/31/03

904-765-7938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)