

# 2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # N99000006168

1. Entity Name

CHRISTIAN PODIATRIC AND MEDICAL MISSION CORPORAT

Principal Place of Business

2308 GREENSIDE COURT  
PONTE VEDRA BEACH FL 32082

Mailing Address

2308 GREENSIDE COURT  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

2236 Park Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

52-2193714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLAMA, ROBERT J  
1817 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Robert J. SLAMA

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

3821 Hendricks Ave

City

JACKSONVILLE

FL

Zip Code

32207

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 X ROBERT J. SLAMA

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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

TITLE D ☐ Delete  
NAME GROSHALL, HOWARD J  
STREET ADDRESS P.O. BOX 407052  
CITY-ST-ZIP FORT LAUDERDALE FL 33340

TITLE D ☐ Delete  
NAME AD SHADE, RUSTY  
STREET ADDRESS % 2308 GREENSIDE COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete  
NAME GROSHALL, HOWARD G  
STREET ADDRESS 2308 GREENSIDE COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete  
NAME Rev. Lee Welkley  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Robert J. Slama  
STREET ADDRESS 3821 Hendricks Ave.  
CITY-ST-ZIP Jacksonville, FL. 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Rusty Adshade  
STREET ADDRESS 3552 Bay Island Circle  
CITY-ST-ZIP Jacksonville Beach, FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

904-543-0117

Daytime Phone #

0007483

CR2E037 (10/00)

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90114 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE