

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90246 026 \*\*\*150.00

**DOCUMENT #** P00000053214

**1. Entity Name**

Expert Medicine.Com, Inc.

**Principal Place of Business**

**Mailing Address**

1626 Camden Ave.  
 Jacksonville, FL 32207

**2. Principal Place of Business**

**3. Mailing Address**

1626 Camden Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

City & State  
 Jacksonville, FL

**4. FEI Number**

59-3671667

**Applied For**

Not Applicable

**Zip**

**Country**

Zip  
 32207

**Country**

**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**

Charles W. Goff, Jr.  
 1626 Camden Ave.  
 Jacksonville, FL 32207

**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 reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NO. 119.07(3)(I) MAY 11, 2001 Fee will be \$800.00**  
 Check Payable to Department of

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P, D	<input type="checkbox"/> Delete
<b>NAME</b>	Charles W. Goff	
<b>STREET ADDRESS</b>	4338 Phillips Place	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32207	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Karl L. Kronquist	
<b>STREET ADDRESS</b>	916 Old Grove Manor	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32207	
<b>TITLE</b>	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Cynthia C. Goff	
<b>STREET ADDRESS</b>	4338 Phillips Place	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32207	
<b>TITLE</b>	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Christine G. Matteson	
<b>STREET ADDRESS</b>	915 Old Grove Manor	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32207	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Charles W. Goff* Charles W. Goff

4/23/01 (904)396-6644

CR2E034 (11/00)