

2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P00000057451

1. Entity Name

Jacksonville Perioperative Medical Services, P.A.

FILED

01 DEC 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8180 Seven Mile Drive
Ponte Vedra Beach, FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

One Independent Drive

Suite, Apt. #, etc.

Suite 2600

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32202

4. FEI Number

59-3651490

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

Michael W. Fisher, Esq.
One Independent Drive, Suite 2600
Jacksonville, FL 32202

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)

11/14/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D/P/S/T ☐ Delete
NAME Joseph F. Cassady, Jr., M.D.
STREET ADDRESS 8180 Seven Mile Drive
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
NAME 300004745523-0
STREET ADDRESS -12/31/01--01080--030
CITY-ST-ZIP ***\$150.00 ***\$150.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01

DATE

Daytime Phone #

CR2E034 (11/00)

208

FISHER, TOUSEY, LEAS & BALL

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2600

JACKSONVILLE, FLORIDA 32202

TELEPHONE (904) 356-2600 • FAX (904) 355-0233

SUITE 2001

TWO SAWGRASS VILLAGE

PONTE VEDRA BEACH, FLORIDA 32082

(904) 285-2601

PLEASE REPLY TO:

JACKSONVILLE OFFICE

December 14, 2001

- * FLORIDA BAR BOARD CERTIFIED TAX LAW
- ** FLORIDA BAR BOARD CERTIFIED WILLS,
TRUSTS & ESTATES LAW
- *** FLORIDA BAR BOARD CERTIFIED
REAL ESTATE LAW

JOHN S. BALL*
KRISTA W. BIRR
JULIE EXUM BREUER
ROBERT A. DAWKINS**
MICHAEL W. FISHER**
BEVERLY H. FURTICK**
MICHAEL J. IVAN, JR.
JOHN E. LAWLOR, III
MICHAEL R. LEAS*
J. BROOKE MATHESON
ROBERT N. MILLER
J. JACOB R. PEEK
MARY A. ROBISON***
CLAY B. TOUSEY, JR.**

Division of Corporations
ATTN: REINSTATEMENTS
Post Office Box 6327
Tallahassee, Florida 32314

**RE: Jacksonville Perioperative Medical Services, Inc.
Corporate Number - P00000057451**

Dear Sir or Madam:

I received notice that the corporation referenced above has been administratively dissolved due to failure of filing a 2001 annual report. I never received the annual report or any notices pertaining to filing the annual report. The notice of the dissolution is the first that I have received this year.

It is for the above reasons that I am now enclosing the Application for Reinstatement for the referenced corporation, along with a check in the amount of \$158.75 in payment of the annual report fees and corporate supplemental fees for 2001, and a certificate of status thereof. I am requesting that the reinstatement fee of \$600.00 be waived.

Please contact me if you have any questions. Otherwise, please file the Application for Reinstatement at your earliest convenience and forward the certificate of status to me. I appreciate your assistance in this matter.

Sincerely,



Joseph F. Cassady, Jr., M.D., President
8180 Seven Mile Drive
Jacksonville, Florida 32202
(904) 285-3099

Enclosures
afl/2167