

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90501 036 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000059116
1. Entity Name
COMPLETE CARE FAMILY PRACTICE, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9891 SAN JOSE BOULEVARD</u> Suite, Apt. #, etc. <u>SUITE 4</u> City & State <u>JACKSONVILLE, FL</u> Zip <u>32257</u> Country <u>USA</u>	3. Mailing Address <u>9891 SAN JOSE BOULEVARD</u> Suite, Apt. #, etc. <u>SUITE 4</u> City & State <u>JACKSONVILLE, FLORIDA</u> Zip <u>32257</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>3654083</u> <u>59-2657083</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>DAVID I. WARTENBERG, M.D.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>9891 SAN JOSE BOULEVARD</u>
<u>SUITE 4</u>
City <u>JACKSONVILLE, FL</u> Zip Code <u>32257</u>

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>DAVID I. WARTENBERG, M.D.</u> <u>9891 SAN JOSE BLVD STE 4</u> <u>JACKSONVILLE, FL 32257</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>home</u> <u>316 SOUTH BULK BOARD DRIVE</u> <u>JACKSONVILLE, FL 32259</u>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

904 886-9996

Date

Daytime Phone #

CR2E034B (12/01)