

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086549

1. Entity Name

INTEGRATED PRACTITIONER'S ASSOCIATION, P.A.

Principal Place of Business

1529 MARGARET STREET  
JACKSONVILLE FL 32204

Mailing Address

1529 MARGARET STREET  
JACKSONVILLE FL 32204

2. Principal Place of Business

3744 Dupont Station Ct.S.

3. Mailing Address

3744 Dupont Station Ct.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32217

Country

USA

Zip

32217

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

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

CARR, LEIAH

5478 WINDERMERE DRIVE  
JACKSONVILLE FL 32211

Name

Mary Cenci

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

3744 Dupont Station Ct.S.

City

Jacksonville

FL

Zip Code

32217

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

*Mary Cenci President*

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

(NOTE: Registered Agent signature required when reinstating)

4.25.01

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 \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BOZZUTO, ANNE  
CITY-ST-ZIP 1529 MARGARET STREET  
JACKSONVILLE FL 32204

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS CENCI, MARY  
CITY-ST-ZIP 3744 Dupont Station Ct.S.  
JACKSONVILLE, FL 32217

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS CARR, LEIAH  
CITY-ST-ZIP 5478 WINDERMERE DRIVE  
JACKSONVILLE FL 32211

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS Carr, Leah  
CITY-ST-ZIP 5478 Windermere Dr.  
JACKSONVILLE, FL 32211

TITLE ☒ Delete  
NAME STD  
STREET ADDRESS WILLIS, CINDY  
CITY-ST-ZIP 3242 HIDDEN LAKE DRIVE W.  
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Willis, Cynthia  
CITY-ST-ZIP 3242 Hidden Lake Dr.W.  
JACKSONVILLE, FL 32216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Lisa Broward  
CITY-ST-ZIP 105 Sandra Road  
JACKSONVILLE, FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME C  
STREET ADDRESS Sonny Lee Hughes  
CITY-ST-ZIP 4728 Bedford Road  
JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Mary Cenci - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.01

Date

904.731-7784

Daytime Phone #

CR2E034 (10/00)

0011664

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90086 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE