

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90274 030 ***150.00

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1. Entity Name
INTEGRATED PRACTITIONER'S ASSOCIATION, P.A.



Principal Place of Business
3744 DUPONT STATION CT S
JACKSONVILLE FL 32217

Mailing Address
3744 DUPONT STATION CT S
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3747143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENCI, MARY
3744 DUPONT STATION CT S
JACKSONVILLE FL 32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
CENCI, MARY
STREET ADDRESS **3744 DUPONT STATION CT S**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

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

TITLE ☐ Change ☒ Addition
NAME **VP**
JOE NOLAN
STREET ADDRESS **P.O. Box 51383**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32240**

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

TITLE ☒ Change ☐ Addition
NAME **T**
WILLIS, CINDY
STREET ADDRESS **13400 SUTTON PARK DR SOUTH, SUITE 1502**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☒ Delete
NAME **S**
BROWARD, LISA
STREET ADDRESS **105 SANDRA ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☒ Addition
NAME **VP**
SHARON KNAPP
STREET ADDRESS **13400 SUTTON PARK DR SOUTH, SUITE 1502**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☒ Delete
NAME **S**
HUGHES, SONNY LEE
STREET ADDRESS **4728 BEDFORD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Change ☒ Addition
NAME **S**
GLENDA PAULICH
STREET ADDRESS **2025 MINERVA AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
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 607, 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: *Cynthia Willis* **CYNTHIA WILLIS, TREASURER** **4/16/03 (904) 223-6882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)