

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90392 018 ***150.00

DOCUMENT # P02000024026

1. Entity Name
PANHANDLE FAMILY MEDICINE, P.A.



Principal Place of Business
877 3RD STREET
SUITE #4
CHIPLEY FL 32428

Mailing Address
P.O. BOX 301
CHIPLEY FL 32428



2. Principal Place of Business

same

3. Mailing Address

877 3rd st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley, FL

Zip

Country

32428

USA

4. FEI Number

043612113

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

SCHIRO, JUDITH
1360 BRICKYARD ROAD
NFCH ADMINISTRATION
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name Ayshea Hatcher

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

#4

City

Chipley

FL

Zip Code

32428

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

Ayshea Hatcher

04/02/03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HATCHER, JASON D D.O.
STREET ADDRESS 3012 COTTAGE HILL ROAD, #386
CITY-ST-ZIP MOBILE AL 36606 ☐ Delete

TITLE ST
NAME HATCHER, AYSHIA S
STREET ADDRESS 3012 COTTAGE HILL ROAD, #386
CITY-ST-ZIP MOBILE AL 36606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Jason Hatcher, DO
STREET ADDRESS 1340 Forrest ave
CITY-ST-ZIP Chipley, FL 32428 ☒ Change ☐ Addition

TITLE ST
NAME Ayshea Hatcher
STREET ADDRESS 1340 Forrest ave
CITY-ST-ZIP Chipley, FL 32428 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/03

Date

8506384555

Daytime Phone #

CR2E034 (10/02)