

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90244 005 ***150.00

DOCUMENT # P02000040571

1. Entity Name
FLEMING ISLAND PRIMARY CARE P.A.



Principal Place of Business
**2816 COUNTRY CLUB BOULEVARD
ORANGE PARK FL 32073**

Mailing Address
**2816 COUNTRY CLUB BOULEVARD
ORANGE PARK FL 32073**

2. Principal Place of Business
1570 ISLAND LN
Suite, Apt. #, etc.

3. Mailing Address
1570 ISLAND LN
Suite, Apt. #, etc.

City & State
ORANGE PARK FL
Zip
32003 Country
USA

City & State
Orange Park FL
Zip
32003 Country
USA

4. FEI Number
0304-26165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**H. DALE BOYD
2816 COUNTRY CLUB BOULEVARD
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

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 *Harold Dale Boyd* **HAROLD DALE BOYD** **2/13/03**
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 ☐ Delete
NAME **D H. DALE BOYD**
STREET ADDRESS **2816 COUNTRY CLUB BOULEVARD**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME **D HARTER, DEBORAH L**
STREET ADDRESS **315 SCENIC POINT LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 687, 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:

Harold Dale Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03
Date

Daytime Phone #

CR2E034 (10/02)