

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90451 008 ***150.00

DOCUMENT # P02000055744

1. Entity Name

**PENNICK, WOOTEN AND ASSOCIATES FAMILY MEDICAL CA
RE, P.A.**



Principal Place of Business
**1760 EDGEWOOD AVE WEST
JACKSONVILLE FL 32208**

Mailing Address
**1760 EDGEWOOD AVE WEST
JACKSONVILLE FL 32208**

00000043



2. Principal Place of Business

1760 Edgewood AVE W

3. Mailing Address

1760 Edgewood Ave W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

B

City & State

City & State

Jacksonville, Fla.

Jacksonville, Fla

Zip

Country

Zip

Country

32208

U.S.

32208

U.S.

4. FEI Number

010665849

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

**PENNICK, WILLIE
1760 EDGEWOOD AVE WEST
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name **Pennick, Willie**
Street Address (P.O. Box Number is Not Acceptable) **1760 Edgewood Ave W. Suite B**
City **Jacksonville** **FL** Zip Code **32208**

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

Willie A Pennick **Willie A Pennick**

1/8/03

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 **D** ☐ Delete
NAME **PENNICK, WILLIE**
STREET ADDRESS **1760 EDGEWOOD AVE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **WOOTEN, AUDREY**
STREET ADDRESS **1760 EDGEWOOD AVE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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 **D** ☒ Change ☐ Addition
NAME **Pennick, Willie**
STREET ADDRESS **1760 Edgewood Ave Suite B**
CITY-ST-ZIP **Jacksonville, Fla. 32208**

TITLE **D** ☒ Change ☐ Addition
NAME **Wooten, Audrey**
STREET ADDRESS **1760 Edgewood Ave Suite B**
CITY-ST-ZIP **Jacksonville, Fla. 32208**

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

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

TITLE ☐ Change ☐ Addition
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:

Willie A Pennick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03

904 358-8440

CR2E034 (10/02)