# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 02, 2003**
**Secretary of State**

DOCUMENT# P02000071734

**Entity Name:** FLORIDA MEDICAL PROVISION, INC.

**Current Principal Place of Business:**

2901 SW 149 AVE STE 170
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

2901 SW 149 AVE STE 170
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACKSON, W. CHARLES
2901 SW 149 AVE STE 170
MIRAMAR, FL 33027

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: JACKSON, W. CHARLES
Address: 2901 SW 149 AVE STE 170
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition
Name: JACKSON, W. CHARLES
Address: 2901 SW 149 AVE STE 170
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. CHARLES JACKSON PCEO 04/02/2003

Electronic Signature of Signing Officer or Director — Date