

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90048 050 ***150.00

DOCUMENT # P12317

1. Entity Name
JSA HEALTHCARE CORPORATION

Principal Place of Business
 111 2ND AVE. NE. STE.-1500
 ST. PETERSBURG FL 33701

Mailing Address
 111 2ND AVE. NE. STE.-1500
 ST. PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
87-0408859

Applied For
 Not Applicable

Zip **Country**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD <input type="checkbox"/> Delete
NAME	DAMKOEHLER, GARY L.
STREET ADDRESS	111 2ND AVE. NE, STE.-1500
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	D <input type="checkbox"/> Delete
NAME	DAMKOEHLER, SHAWN C.
STREET ADDRESS	111 2ND AVE. NE, STE.-1500
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	DSVP <input type="checkbox"/> Delete
NAME	HOLECKO, KEVIN R.
STREET ADDRESS	111 2ND AVE. NE, STE.-1500
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	SVP <input type="checkbox"/> Delete
NAME	SWINK, ANGEL C
STREET ADDRESS	111 2ND AVE NE, STE 1500
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	SVPT <input type="checkbox"/> Delete
NAME	GLISSON, LORIE B
STREET ADDRESS	111 2ND AVE NE, STE 1500
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	AS <input type="checkbox"/> Delete
NAME	POPE, DONNA M
STREET ADDRESS	111 2ND AVE. NE, STE.-1500
CITY-ST-ZIP	ST. PETERSBURG FL 33701

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASAVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Kevin R. Holecko**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-02 **727-824-0780**
Date Daytime Phone #

CFR2E034 (9/01)

Attachment Document# P12317

ADDITION:

Title	VP
Name	Clark, Robert T.
Street Address	111 2 nd Ave. NE, Ste.-1500
City-St-Zip	St. Petersburg FL 33701

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