

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089606

1. Entity Name
FAMILY MEDICAL CARE, P.A.

Principal Place of Business
550-17 WELLS RD.
ORANGE PARK FL 32073

Mailing Address
550-17 WELLS RD.
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3287597

Applied For
Not Applicable

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

KEASLER, FRANK R JR
4337 PABLO OAKS COURT., STE 102
JACKSONVILLE FL 32224

Name Frank R. Keasler, Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable)
4309 Pablo Oaks Court Ste 200
City Jacksonville FL Zip Code 32224

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

Signature, typed or printed name of registered agent and title if applicable.
FRANK R. KEASLER, JR. ESQ.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VP
NAME CASTIEL, ALBERTO
STREET ADDRESS 9970 VINEYARD LAKE RD E.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

TITLE P
NAME CANNON, BARBARA C
STREET ADDRESS 2553 HUNTINGTON WAY
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA CRUIKSHANK, MD, PRESIDENT

Date

Daytime Phone #

(904) 269-2900



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)