

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/6/

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-06-2003 90057 001 ***150.00

DOCUMENT # P95000004171

1. Entity Name
HIGH SPRINGS MEDICAL PROPERTY, INC.



Principal Place of Business
**105 NW SANTA FE BLVD
HIGH SPRINGS FL 32643**

Mailing Address
**105 NW SANTA FE BLVD
PO BOX 834
HIGHSRINGS FL 32655
US**

33034630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3287888**

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

**OSBORNE, LEE S
6825 LILLIAN RD
JACKSONVILLE FL 32211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
MCINTYRE, EDWARD S
6610 NW 16TH PL
GAINESVILLE FL 32605** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE

8/5/03

386 4547746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)

ATTACHMENT 55054690
#P95000004171
HIGH SPRINGS MEDICAL CENTER, P.A.

105 N.W. Santa Fe Blvd.
P.O. Box 834
High Springs, FL 32650-0834

Family Medicine

Edward S. McIntyre, M.D.
David J. Selman, M.D.

Telephone: 386-454-7746
Fax: 386-454-3034

August 18, 2003

Uniform Business Reports
Division of Corporations
Florida Dept. Of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

Please be advised that we did not receive our initial 2003 Uniform Business report in January and that is the reason it wasn't returned by the June deadline.

We have always returned this form in a timely manner for the last seven years.

I am returning the enclosed form you sent to me as per instruction I received from your representative over the telephone today.

Would you please wave the penalty fee for late filing based on the above information.

Thank You



Edward S. McIntyre, M.D.