

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90270 001 ***300.00

DOCUMENT # P95000064819

1. Entity Name
ID PHYSICIANS' NETWORK, INC.

Principal Place of Business

3601 SW 2ND AVE.

STE. M

GAINESVILLE FL 32607

Mailing Address

3601 SW 2ND AVE.

STE. M

GAINESVILLE FL 32607

2. Principal Place of Business

3655 SW 2nd Ave

3. Mailing Address

3655 SW 2nd Ave

Suite, Apt. #, etc.

Ste. C

Suite, Apt. #, etc.

Ste. C

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

6. Name and Address of Current Registered Agent

GARRIOTT, KATHY

3601 SW 2ND AVE

STE M

GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

KATHY GARRIOTT

Street Address (P.O. Box Number is Not Acceptable)

3655 SW 2nd Ave

Ste. C

City

Gainesville

FL

Zip Code

32607

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	YANCEY, ROBERT W	
STREET ADDRESS	3601 SW 2ND AVE, STE M	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARRIOTT, KATHY	
STREET ADDRESS	3601 SW 2ND AVE, STE M	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POIRIER, THOMAS P	
STREET ADDRESS	3601 SW 2ND AVE, STE. M	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HILLIARD, TINA	
STREET ADDRESS	3601 SW 2ND AVE. STE#M	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DYLE, GREG	
STREET ADDRESS	3601 SW 2ND AVE. STE#M	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRIOTT, Kathy	
STREET ADDRESS	3655 SW 2nd Ave, Ste C	
CITY-ST-ZIP	Gainesville, FL. 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilliard, Tina	
STREET ADDRESS	3655 SW 2nd Ave, Ste C	
CITY-ST-ZIP	Gainesville, FL. 32607	
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		

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: **Kathy Garrriott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/02

Daytime Phone #

352/335-5588

CR2E034 (9/01)