

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90005 045 \*\*\*150.00

**DOCUMENT # P96000014647**

**1. Entity Name**  
**MAYO HEALTH PLAN, INC.**

**Principal Place of Business**  
**4168 SOUTHPOINT PKWY**  
**STE 102**  
**JACKSONVILLE FL 32216**  
**US**

**Mailing Address**  
**4168 SOUTHPOINT PKWY**  
**STE 102**  
**JACKSONVILLE FL 32216**  
**US**

**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 59-3371880**

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**

**MARTIN, JOANNE L**  
**4500 SAN PABLO ROAD**  
**JACKSONVILLE FL 32224**

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** \_\_\_\_\_  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	MENTEL, JOHN J M.D.	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLLING, DAVID B	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTESE, DENIS A M.D.	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, BOB	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEALY, PATRICK M	
STREET ADDRESS	4168 SOUTHPOINT PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, NELSON S MD	
STREET ADDRESS	4500 SAN SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

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		
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)