

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019245

1. Entity Name

MISSION:HEALTH, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90072 050 \*\*\*150.00

Principal Place of Business

Mailing Address

720 GILMORE STREET  
 STE 600  
 JACKSONVILLE FL 32204  
 US

1301 RIVERPLACE BLVD  
 STE 1700  
 JACKSONVILLE FL 32207-9023  
 US

2. Principal Place of Business

3. Mailing Address

720 Gilmore street

720 Gilmore Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Jacksonville Florida

Jacksonville, Florida

Zip

Country

Zip

Country

32204

US

32204

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 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

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	GROOVER, JACK RD M.D.	
STREET ADDRESS	720 GILMORE ST, STE 600	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MASON, WILLIAM C	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HARKNESS, CHARLES L D.O.	
STREET ADDRESS	720 GILMORE ST, STE 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STROMBERG, RICHARD M M.D.	
STREET ADDRESS	720 GILMORE ST, STE 600	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD C	<input checked="" type="checkbox"/> Delete
NAME	DVORAK, ROBERT M	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUSON, JAMES D M.D.	
STREET ADDRESS	720 GILMORE ST, STE 600	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Pascoe	
STREET ADDRESS	720 Gilmore Street, Ste 400	
CITY-ST-ZIP	Jacksonville, FL 32204	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (904) 308-8286

CR2E034 (9/99)