

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90062 021 \*\*\*125.00  
 06-19-2001 90429 018 \*\*\*\*25.00

DOCUMENT # P9100001093512

1. Entity Name

Cedarwood Physicians - INC.

Principal Place of Business

Mailing Address

4022 Blanding Blvd.  
 Jacksonville, FL 32210

2. Principal Place of Business

4022 Blanding Blvd.

3. Mailing Address

4022 Blanding Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Jacksonville, FL

City &amp; State

Jacksonville, FL

4. FEI Number

59-3407960

Applied For

Not Applicable

Zip

Country

32210

USA

Zip

Country

32210

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

Stephen Monahan, M.D.  
 4022 Blanding Blvd.  
 Jacksonville, FL 32210

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, 2001 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  
 Director  
 Monahan, Stephen  
 4022 Blanding Blvd.  
 Jacksonville, FL 32210

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  
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TITLE 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)(f), 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 #

CR2034 (11/00)