

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 91198 046 ***150.00

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DOCUMENT # P97000033238

1. Entity Name
SPECIALTY DISEASE MANAGEMENT SERVICES, INC.



Principal Place of Business
**1061 RIVERSIDE AVE.
2ND FLOOR
JACKSONVILLE FL 32204**

Mailing Address
**7003 CATALONIA AVENUE
JACKSONVILLE FL 32217**



2. Principal Place of Business
3030 Hartley Rd.

3. Mailing Address
3030 Hartley Rd.

Suite, Apt. #, etc.
Suite 290

Suite, Apt. #, etc.
Suite 290

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32257 Duval

Zip Country
32257 Duval

4. FEI Number
59-3443703

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOLDSTEIN, FREDERIC S
7003 CATALONIA AVENUE
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3030 Hartley Rd., Suite 290
City **Jacksonville** FL Zip Code **32257**

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 *Frederic S. Goldstein* **Frederic S. Goldstein** **4/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDSTEIN, FREDERIC S 7003 CATALONIA AVENUE JACKSONVILLE FL 32217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frederic S. Goldstein 3030 Hartley Rd., Suite 290 Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Judith A. White 3030 Hartley Rd., Suite 290 Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Charles W. Smithers, Jr. 3030 Hartley Rd., Suite 290 Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles W. Smithers, Jr.* **Charles W. Smithers, Jr., Sec/Trea.** **(904) 281-0006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)