

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 001 ***150.00

DOCUMENT # P97000069107

1. Entity Name

HEALTHCARE RESOURCES OF JACKSONVILLE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3604 ST JOHNS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3604 ST JOHNS AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3459478

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL C. MOSLEY

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

3604 ST JOHNS AVENUE

City

JACKSONVILLE

FL

Zip Code

32205

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT - P
MICHAEL C MOSLEY
5815 LISA DRIVE
JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

904 388-3357

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**