

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107099

Entity Name
BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEM

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 021 ***150.00

Principal Place of Business
RIVERPLACE BOULEVARD #1700
JACKSONVILLE FL 32207

Mailing Address
C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD. #1700
JACKSONVILLE FL 32207-9023

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3486994**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GRANGER, HARVEY
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKNESS, CHARLES D.O. 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHER, JOHN J 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, CAROL C 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOWER, JAMES W M.D. 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, JACKSON M.D. 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STICH, MARK A D.O. 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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: *Rebecca B. Jackson* **Rebecca B. Jackson, Secretary** 4-19-00 904/202-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
#P9700010709
A0047935

DOCUMENT # P97000107099

BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY

- D Czerkowski, Joseph J., Jr., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- D Jacobs, Michael B., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- D Perry Carlos, D.O.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- V Mally, Earl B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207
- S Jackson, Rebecca B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207