

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000107099**1. Entity Name
BAPTIST PHYSICIAN SERVICES, INC.**Principal Place of Business**1301 RIVERPLACE BOULEVARD #1700

JACKSONVILLE FL
32207**Mailing Address**C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD. #1700
JACKSONVILLE FL
32207**2. Principal Place of Business**

C/O HARVEY GRANGER

3. Mailing Address

C/O HARVEY GRANGER

Suite, Apt. #, etc.

1325 SAN MARCO BLVD., SUITE 902

Suite, Apt. #, etc.

1325 SAN MARCO BLVD., SUITE 902

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32207

Country

US

Zip

32207

Country

US

4. FEI Number**59-3486994**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGRANGER HARVEY
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE FL
32207 US**7. Name and Address of New Registered Agent**

Name

GRANGER HARVEY

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

1325 SAN MARCO BLVD.

SUITE 902

City

JACKSONVILLE

FL

Zip Code
32207

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 **HARVEY GRANGER****04/25/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	STICH MARK AD.O.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNNEY JACKSON M.D.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOWER JAMES WM.D.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON CAROL C	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHER JOHN J	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARKNESS CHARLES D.O.	
STREET ADDRESS	1301 RIVERPLACE BLVD. #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PERRY	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON REBECCA B	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLY EARL B	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON CAROL C	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOVER JACK RMD.	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE A. HUGH	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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

S

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)