

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000662

1. Entity Name

JACKSONVILLE HEALTH CARE PROVIDERS, P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90041 036 ***150.00

Principal Place of Business

Mailing Address

1200 RIVERPLACE BLVD
301
JACKSONVILLE FL 32207
US

1200 RIVERPLACE BLVD
301
JACKSONVILLE FL 32207-9092
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3485205

Applied For

Not Applicable

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

FURTICK, BEVERLY H
ONE INDEPENDENT DR., STE. 2600
JACKSONVILLE FL 32202

Name EARL B. MALLY

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

1200 RIVERPLACE BLVD, STE. 301

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

Earl B. Mally 1/11/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CLOWER, JAMES W III
STREET ADDRESS 1200 RIVERPLACE BLVD STE 301
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MALLY, EARL B
STREET ADDRESS 1200 RIVERPLACE BLVD, STE 301
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STICH, MARK A., D.O.
STREET ADDRESS 1200 RIVERPLACE BLVD, STE. 301
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME MOORE, WM. F.
STREET ADDRESS 1200 RIVERPLACE BLVD. STE 301
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME SACKETT, ELLEN
STREET ADDRESS 1200 RIVERPLACE BLVD. STE. 301
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME ABRAM, DEBORAH C.
STREET ADDRESS 1200 RIVERPLACE BLVD. STE 301
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:

Earl B. Mally EARL B. MALLY

1/11/00

(904) 308-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)