

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90616 032 ***150.00

DOCUMENT-# P98000022080

1. Entity Name

AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3401 WEST END AVE
 SUITE 120
 NASHVILLE TN 37203

3401 WEST END AVE
 SUITE 120
 NASHVILLE TN 37203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1732315

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301

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, 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	PD	<input type="checkbox"/> Delete
NAME	WEBB, WILLIAM V	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	EYLER, JERRY M	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SPALDING, JAMES H	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, CHARLES T	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARTIN JR, CHARLES N	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	GOULD, J-M	
STREET ADDRESS	20 BURTON HILLS BLVD STE 100	
CITY-ST-ZIP	NASHVILLE TN 37215	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PLV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Webb, William V	
STREET ADDRESS	3401 West End Ave, Ste 760	
CITY-ST-ZIP	Nashville TN 37203	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brank, Ron	
STREET ADDRESS	3401 West End Ave, Ste 120	
CITY-ST-ZIP	Nashville TN 37203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Badlerz, Clifford G	
STREET ADDRESS	3401 West End Ave, Ste 760	
CITY-ST-ZIP	Nashville TN 37203	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal, Charles T	
STREET ADDRESS	3401 West End Ave, Ste 120	
CITY-ST-ZIP	Nashville TN 37203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Dale Kennedy	
STREET ADDRESS	3401 West End Ave, Ste 120	
CITY-ST-ZIP	Nashville TN 37203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles T. Neal / 425-615234-7500

Date

Daytime Phone #

CR2E034 (10/00)



Attachment
A0073376

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 22, 2001

AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.
3401 WEST END AVE
SUITE 120
NASHVILLE, TN 37203

Subject: AMBULATORY RESOURCE CENTRES OF FLORIDA, INC.

Reference
Number:

P98000022080

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/da

ANNUAL REPORTS SECTION