

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90093 026 \*\*\*150.00

**DOCUMENT # P98000037512**

**1. Entity Name**  
**PROFESSIONAL HEALTH CARE ASSOCIATES, INC.**

**Principal Place of Business**

**773 MCMILLAN RD**  
**CHATTAHOOCHEE FL 32324**

**Mailing Address**

**PO BOX 427**  
**CHATTAHOOCHEE FL 32324**

**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**

**59-3490012**

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 Agent**

**WILLIAMS, DYRON**  
**773 MCMILLAN RD**  
**CHATTAHOOCHEE FL 32324**

**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, 2002 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. DELETIONS TO OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** COLSTON, ROWENA  
**STREET ADDRESS** P O BOX 456 N/A  
**CITY-ST-ZIP** MIDWAY FL 32343

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** BETHEA, CHRISTINE  
**STREET ADDRESS** RT 1, BOX 3128  
**CITY-ST-ZIP** HAVANA FL 32333

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** PEOPLES, SHILDA  
**STREET ADDRESS** P O BOX 193 N/A  
**CITY-ST-ZIP** QUINCY FL 32353

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** WILLIAMS, DYRON  
**STREET ADDRESS** P O BOX 609 N/A  
**CITY-ST-ZIP** CHATTAHOOCHEE FL 32324

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** BRYANT, BRENDA  
**STREET ADDRESS** 907 HASTIE RD  
**CITY-ST-ZIP** TALLAHASSEE FL 32301

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** FURLOW, JESSIE  
**STREET ADDRESS** RT 6, BOX 420-H  
**CITY-ST-ZIP** QUINCY FL 32351

**TITLE** ☐ Change ☐ 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:**

*DYRON WILLIAMS*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-28-02 850 663-4018**  
 Date Daytime Phone #

CR2E034 (9/01)