

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90034 043 ***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

4. FEI Number **59-3490012**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COLSTON, ROWENA	
STREET ADDRESS	P O BOX 456 N/A	
CITY-ST-ZIP	MIDWAY FL 32343	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEA, CHRISTINE	
STREET ADDRESS	RT 1, BOX 3128	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEOPLES, SHILDA	
STREET ADDRESS	P O BOX 193 N/A	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DYRON	
STREET ADDRESS	P O BOX 609 N/A	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, BRENDA	
STREET ADDRESS	907 HASTIE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	FURLOW, JESSIE	
STREET ADDRESS	RT 6, BOX 420-H	
CITY-ST-ZIP	QUINCY FL 32351	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Williams* **WILLIAMS, DYRON** *Will: Ams 4/26/03* *858 663-4018*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)