2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102948

FILED

00 APR 17 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

MHP HEALTH AND LIFE, INC.

Principal Place of Business	Mailing Address
4168 SOUTHPOINT PKWY. JACKSONVILLE FL 32216	4168 SOUTHPOINT PKWY. JACKSONVILLE FL 32216-0866

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3546394 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JOANNE L
4500 SAN PABLO RD.
JACKSONVILLE FL 32224

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 Joanne L Martin 2/23/2000
Signature of an officer or director if entity name or registered agent and title if applicable (NOTE: Registered agent signature required when applicable) 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, LEO F M.D. 4500 SAN PABLO RD. JACKSONVILLE FL 32224 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walters, Robert M. 4500 San Pablo Road Jacksonville, Fl 32224 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLLING, DAVID B 4500 SAN PABLO RD. JACKSONVILLE FL 32224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWER, NELSON S M.D. 4500 SAN PABLO RD. JACKSONVILLE FL 32224 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORTESE, DENIS A 4168 SOUTHPOINT PKWY., STE 102 JACKSONVILLE FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEALY, PATRICK M 4168 SOUTHPOINT PKWY., STE 102 JACKSONVILLE FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

AD

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: Patrick M Healy 5/5/00 (904) 279 9720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

Patrick M. Healy

5/24