

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108133

1. Entity Name

FSHP SUPPORT SERVICES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90092 003 \*\*\*150.00

Principal Place of Business Mailing Address  
2304 KILLEARN CENTER BOULEVARD, SUITE A 2304 KILLEARN CENTER BOULEVARD, SUITE A  
TALLAHASSEE FL 32308-3524 TALLAHASSEE FL 32308-3524

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 65-0906067 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

PIKE, DEREK  
2304 KILLEARN CENTER BOULEVARD, SUITE A  
TALLAHASSEE FL 32308-3524

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 *Derek Pike* DATE 4/30/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JOHN			NAME			
STREET ADDRESS	JACKSON MEMORIAL HOSP., 1611 NW 12TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITAS, RICHARD			NAME			
STREET ADDRESS	MOFFITT CANCER CENTER, 12902 MAGNOLIA DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIKE, DEREK			NAME			
STREET ADDRESS	2304 KILLEARN CENTER BOULEVARD, SUITE A			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308-3524			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSTERBERGER, DAVID			NAME			
STREET ADDRESS	9333 SW 152ND ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COVEY, DOUG			NAME			
STREET ADDRESS	13000 BRUCE B. DOWNS BLVD., DEPT. 119			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, SARAH			NAME			
STREET ADDRESS	1800 BARRS ST.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32203			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: *Derek Pike*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/00 DAYTIME PHONE # 954-587-2000/5501

CR2E034 (9/99)