

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000108133**1. Entity Name  
FSHP SUPPORT SERVICES, INC.

Principal Place of Business 2304 KILLEARN CENTER BOULEVARD, SUITE A  TALLAHASSEE FL 323083524	Mailing Address 2304 KILLEARN CENTER BOULEVARD, SUITE A  TALLAHASSEE FL 323083524
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 2304 KILLEARN CENTER BOULEVARD, SUITE A  Suite, Apt. #, etc.
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City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 323083524	Country

4. FEI Number  
**65-0906067**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PIKE DEREK  
2304 KILLEARN CENTER BOULEVARD, SUITE A  
  
TALLAHASSEE FL 323083524**7. Name and Address of New Registered Agent**Name  
PIKE DEREK  
Street Address (P.O. Box Number is Not Acceptable)  
2304 KILLEARN CENTER BOULEVARD, SUITE A  
  
City  
TALLAHASSEE FL Zip Code  
323093524

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 \_\_\_\_\_ **07/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D HAYES SARAH 1800 BARRS ST. JACKSONVILLE FL 32203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUEY DOUG 13000 BRUCE B. DOWNS BLVD., DEPT. 119 TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTERBERGER DAVID 9333 SW 152ND ST. MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PIKE DEREK 2304 KILLEARN CENTER BOULEVARD, SUITE A TALLAHASSEE FL 323083524	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITAS RICHARD MOFFITT CANCER CENTER, 12902 MAGNOLIA DR TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK JOHN JACKSON MEMORIAL HOSP., 1611 NW 12TH AVE. MIAMI FL 33136	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY RICHARD 400 CELEBRATION PLACE CELEBRATION FL 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIZER-SIMON MICHELE 7201 NORTH UNIVERSITY DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERBERGER DAVID 3501 JOHNSON STREET HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITAS RICHARD 12902 MAGNOLIA DR TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON DANIEL 6285 E. FOWLER TAMPA FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

Mr. 07/11/2001

Date

Daytime Phone #

CR2E034 (11/00)