FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90119 014 ***150.00

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DOCUMENT # P99000041249

1. Entity Name
KATHERINE L. Billingsley, M.D., PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12110 San Jose Blvd	12110 San Jose Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL.
Zip: 32223 Country: U.S.A.	Zip: 32223 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3577609 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Katherine L. Billingsley, M.D.

Street Address (P.O. Box Number is Not Acceptable): 12110 San Jose Blvd.

City: Jacksonville FL Zip Code: 32223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: -PRESIDENT-	TITLE:
NAME: Billingsley, Katherine L.	NAME:
STREET ADDRESS: 12110 San Jose Blvd.	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL. 32223	CITY-ST-ZIP:
TITLE: -SECRETARY-	TITLE:
NAME: (SAME)	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE: -Treasurer-	TITLE:
NAME: (SAME)	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
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STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Billingsley M.D. 4/9/03 (904) 268-554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #