

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90101 030 ***550.00

DOCUMENT # P99000066192

1. Entity Name
ST. JOSEPH'S FAMILY CARE CENTER, INC.

Principal Place of Business Mailing Address
6144 GAZEBO PARK PLACE S. **6144 GAZEBO PARK PLACE S.**
JACKSONVILLE FL 32257 **JACKSONVILLE FL 32257**

2. Principal Place of Business 3. Mailing Address
4123 UNIVERSITY BLVD **4123 UNIVERSITY BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE E **SUITE E**

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**
 Zip Country Zip Country
32216 **FLORIDA** **32216** **FLORIDA**

4. FEI Number Applied For
593591562 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HELMS, EMILY C
1279 KINGSLEY AVE., STE. 103
ORANGE PARK FL 32073

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 _____ DATE _____
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PRESIDENT	<input type="checkbox"/> Delete
NAME MICHAEL M. SOBERANO, MD	
STREET ADDRESS 4123 UNIVERSITY BLVD SUITE E	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME CELESTE S. SOBERANO, MD	
STREET ADDRESS 10010 VINEYARD LAKE AVE E	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: *Michael M. Soberano MD* Date: 8-14-00 Daytime Phone #: (904) 7315437

CR2E034 (5/00)