

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90094 049 \*\*\*150.00

**DOCUMENT # P99000066192**

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

Principal Place of Business  
**4123 UNIVERSITY BLVD  
 STE E  
 JACKSONVILLE FL 32216**

Mailing Address  
**4123 UNIVERSITY BLVD  
 STE E  
 JACKSONVILLE FL 32216**

2. Principal Place of Business  
**10013 VINEYARD RD E**

3. Mailing Address  
**10013 VINEYARD RD. E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE FL**

4. FEI Number **59-3591562**

Applied For  
 Not Applicable

Zip **32256**

Country **DUVAL**

Zip **32256**

Country **DUVAL**

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**

**HELMS, EMILY C  
 1279 KINGSLEY AVE., STE. 103  
 ORANGE PARK FL 32073**

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 \$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**

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

TITLE **P**  Delete  
 NAME **SORERANO, MICHAEL**  
 STREET ADDRESS **4123 UNIVERSITY BLVD STE E**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **SOBERANO, CELESTE**  
 STREET ADDRESS **100 VINEYARD LAKE RD E 100**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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. Sorerano* MICHAEL M. SORERANO 4-19-01 (904) 98158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)