

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 008 ***150.00

DOCUMENT # P99000066192

1. Entity Name

ST. JOSEPH'S FAMILY CARE CENTER, INC.

CELESTE S. SOBERANO, MD, PA (Name Change)

(NCLW)

Principal Place of Business

Mailing Address

10013 VINEYARD RD E
 JACKSONVILLE FL 32256

10013 VINEYARD RD E-
 JACKSONVILLE FL 32256

2. Principal Place of Business

8833 PERIMETER Pk Blvd

3. Mailing Address

10013 VINEYARD RD. E

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3591562

Applied For

Not Applicable

Zip

32216

Country

Zip

32256

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SORERANO, MICHAEL	4123 UNIVERSITY BLVD STE E	JACKSONVILLE FL 32218	<input type="checkbox"/>
VP	SOBERANO, CELESTE	100 VINEYARD LAKE RD E	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SOBERANO, MICHAEL	10013 VINEYARD LAKE RD	JACKSONVILLE, FL 32256	<input type="checkbox"/>	<input type="checkbox"/>
		10013 VINEYARD RD E		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 (904) 5198158
 Date Daytime Phone #

CR2E034 (9/01)