

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000066501

1. Entity Name

PROTEAM HEALTH CARE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-01-2000 90066 050 ***150.00

Principal Place of Business Mailing Address
11730 PHILLIPS HWY. 11730 PHILLIPS HWY.
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-1642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3590387 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON III
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202

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

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, 2000 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 GIRVAN, DON 11730 PHILLIPS HWY. JACKSONVILLE FL 32256
D STERLING, ROBERT G 11730 PHILLIPS HWY. JACKSONVILLE FL 32256
D REYNOLDS, LINDA 11730 PHILLIPS HWY. JACKSONVILLE FL 32256

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change 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: *Linda G. Reynolds* 426-00 904-260-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA G. REYNOLDS EXECUTIVE

CR2E034 (9/99)