

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066501

1. Entity Name

PROTEAM HEALTH CARE, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90058 028 ***150.00

Principal Place of Business

11730 PHILLIPS HWY.
JACKSONVILLE FL 32256

Mailing Address

11730 PHILLIPS HWY.
JACKSONVILLE FL 32256

2. Principal Place of Business

205 COMMERCIAL DRIVE
Suite, Apt. #, etc.

3. Mailing Address

205 COMMERCIAL DRIVE
Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

ST AUGUSTINE FL

4. FEI Number

59-3590387

Applied For

Not Applicable

Zip

32092

Country

ST. JOHNS

Zip

32092

Country

ST. JOHNS

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS GIRVAN, DON
CITY-ST-ZIP 11730 PHILLIPS HWY.
JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME D
STREET ADDRESS STERLING, ROBERT G
CITY-ST-ZIP 11730 PHILLIPS HWY.
JACKSONVILLE FL 32256

TITLE ☒ Delete
NAME D
STREET ADDRESS REYNOLDS, LINDA
CITY-ST-ZIP 11730 PHILLIPS HWY.
JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 205 COMMERCIAL DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 205 COMMERCIAL DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Don Girvan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

904-824-8611

Daytime Phone #

0450908

CR2E034 (10/00)