

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
 01-12-2000 90001 013 ***158.75

DOCUMENT # P99000072146

1. Entity Name

EXPERT MEDICINE, INC.

Principal Place of Business

Mailing Address

1300 MARSH LANDING PKWY., STE. 108
 JACKSONVILLE BEACH FL 32250

1300 MARSH LANDING PKWY., STE. 108
 JACKSONVILLE BEACH FL 32250-2407

00000330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1626 CAMDEN Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

4. FEI Number

59-3593273

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

Country

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

BLANKENSHIP, KIMBERLY A ESQ.
 1300 MARSH LANDING PKWY., STE. 108
 JACKSONVILLE BEACH FL 32250

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

Kimberly A. Blankenship

1/4/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
 NAME GAMBA, JORGE A ~~ESQ~~ M.D.
 STREET ADDRESS 2042 RIVER RD.
 CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

TITLE D
 NAME BLANKENSHIP, KIMBERLY A ESQ.
 STREET ADDRESS 1300 MARSH LANDING PKWY., STE. 108
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
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TITLE D
 NAME GAMBA, JORGE A. M.D.
 STREET ADDRESS 2042 RIVER RD
 CITY-ST-ZIP JACKSONVILLE FL 32207

☒ Change

☐

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

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TITLE D
 NAME EDUARDO BALBONA, M.A.
 STREET ADDRESS 1741 Edgewood Ave. South
 CITY-ST-ZIP JACKSONVILLE FL 32205

☐ Change

☐

TITLE PD
 NAME LEANNE HARTLE
 STREET ADDRESS 1626 CAMDEN AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32207

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Kimberly A. Blankenship 1/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)

543-8665