

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90898 002 ***150.00

DOCUMENT # **P990000 88285**

1. Entity Name

Mandarin Healthcare Management, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12110 San Jose Blvd

3. Mailing Address

12110 San Jose Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59 3601712

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

32223

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Katherine L. Billingsley MD

Street Address (P.O. Box Number is Not Acceptable)

12110 SAN JOSE BLVD.

City

JACKSONVILLE

FL

Zip Code

32223

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **Billingsley, Katherine L.**
STREET ADDRESS **12110 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32223**

TITLE **VICE PRESIDENT**
NAME **JANSEN, Peter C.**
STREET ADDRESS **12110 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32223**

TITLE **TREASURER**
NAME **Billingsley, M. Turner**
STREET ADDRESS **12110 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32223**

TITLE **SECRETARY**
NAME **JANSEN, BETH**
STREET ADDRESS **12110 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32223**

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine L. Billingsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (904) 268-5561
Date Daytime Phone #

CR2E034B (12/02)