2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
~~Apr~~ 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 600058

1. Entity Name
DOCTORS HURT, ISAAC, JOHNSTON & CRANFORD, P.A.

Principal Place of Business	Mailing Address
3599 UNIVERSITY BLVD. S. 300 JACKSONVILLE, FL 32216 US	3599 UNIVERSITY BLVD. S. 300 JACKSONVILLE, FL 32216 US

02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0940646
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LATOUR, EMILE A
3599 UNIVERSITY BLVD. S
BLDG 300
JACKSONVILLE, FL 32216

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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 Emile A Latour 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000128686
04/26/04-80048-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LATOUR, EMILE A
STREET ADDRESS	3599 UNIVERSITY BLVD. S., STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD
NAME	BUXTON, RICHARD C
STREET ADDRESS	3599 UNIVERSITY BLVD. S., STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD
NAME	MCINNIS, ALEXANDER N
STREET ADDRESS	3599 UNIVERSITY BLVD. S., STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	TD
NAME	CARRAWAY, J S
STREET ADDRESS	3599 UNIVERSITY BLVD. S., STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD
NAME	PANACCIONE, J L
STREET ADDRESS	3599 UNIVERSITY BLVD. S., STE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emile A Latour Emile A. Latour 4/22/04 (904)399-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #