

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAR -3 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 617316 (5)**  
 1. Corporation Name  
**PERRY CARLOS, D.O., P.A.**

Principal Place of Business Mailing Address  
**3649 CROWN POINT COURT JACKSONVILLE FL 32257**  
**3649 CROWN POINT COURT JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report  
**04/06/1979 03/07/1994**  
 4. FEI Number Applied For  
**59-1912309 Not Applicable**  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CARLOS, PERRY**  
**3649 CROWN POINT COURT**  
**JACKSONVILLE FL**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARLOS, PERRY
STREET ADDRESS	3649 CROWN PT CT.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, true, correct and that I do not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report of corporations, which report is true and accurate and that my signature shall have the same legal effect as if made personally by me as an officer or director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, as an officer or director of the corporation.

SIGNATURE:  2/23/95 *Plachit*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 (904) 268-7802