

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

CORPORATION
ANNUAL REPORT
1995 *5-1-95*



FLORIDA DEPARTMENT OF STATE
Sandra B. Murman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 1 1995 9:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086742 (2)**

1. Corporation Name
AMELIA FAMILY PRACTICE, INC.

Principal Place of Business Mailing Address
**1325 SAN MARCO BLVD.
SUITE 901
JACKSONVILLE FL 32207**

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 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3215070** Applied For 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SMITH HULSEY & BUSEY
1800 FIRST UNION NATL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

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 _____ (Signature of Registered Agent or person requesting agent's removal) _____ (Name)

12. OFFICERS AND DIRECTORS

TITLE	DVS
NAME	DOOLITTLE, SANDRA O.
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DV
NAME	PARRETT, DONALD O.
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DP
NAME	THOMPSON, CAROL C.
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	PERRY, LINDA
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	AS
NAME	JACKSON, REBECCA B.
STREET ADDRESS	800 PRUDENTIAL DR
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the assumptions stated in Sections 199.025(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 person or broker designated to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* Rebecca B. Jackson 4-25-95 904/393-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)