

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086742 (2)**

1. Corporation Name  
**AMELIA FAMILY PRACTICE, INC.**



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

3. Date Incorporated or Qualified: **12/20/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3215070**  
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

2. Principal Place of Business: **c/o William C. Mason**  
2a. Mailing Address: **c/o William C. Mason**  
21. Principal Place of Business: **1301 Riverplace Blvd**  
26. Mailing Address: **1301 Riverplace Blvd.**  
22. Suite, Apt #, etc.: **Suite 1700**  
27. Suite, Apt #, etc.: **Suite 1700**  
23. City & State: **Jacksonville, FL**  
28. City & State: **Jacksonville, FL**  
24. Zip: **32207** Country: **USA**  
25. Zip: **32207** Country: **USA**  
29. Zip: **32207** Country: **USA**  
30. Zip: **32207** Country: **USA**

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: **Harvey Granger, Esq.**  
82. Street Address (P.O. Box Number is Not Acceptable): **Baptist/St. Vincent's Health System**  
83. City: **1301 Riverplace Blvd., Suite 1700**  
84. City: **Jacksonville** FL 85. Zip Code: **32207**

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: *Harvey Granger* **Harvey Granger, General Counsel** 7-29-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOOLITTLE, SANDRA O.</b>	1.2 NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD, STE 901</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRETT, DONALD O.</b>	2.2 NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD, STE 901</b>	2.3 STREET ADDRESS	<b>1325 San Marco Blvd, Ste 901</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>DP</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, CAROL C.</b>	3.2 NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD, STE 901</b>	3.3 STREET ADDRESS	<b>1301 Riverplace Blvd, Ste 1700</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>1325 SAN MARCO BLVD, STE 901</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, REBECCA B.</b>	5.2 NAME	
STREET ADDRESS	<b>800 PRUDENTIAL DR</b>	5.3 STREET ADDRESS	<b>1301 Riverplace Blvd, Ste 1700</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY - ST - ZIP	<b>Jacksonville, FL 32207</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* **Rebecca B. Jackson** 904/202-4005

CR2E034 (3/96)