

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S99072 (8)**

1. Corporation Name
MEDICAL CONSULTANTS OF DUVAL, P.A.



Principal Place of Business: **3063 HARTLEY RD. SUITE 7 JACKSONVILLE FL 32257 US**
Mailing Address: **13925 MANDARIN OAKS LANE JACKSONVILLE FL 32223 US**

3. Date Incorporated or Qualified: **12/09/1991**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3098311**
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: **PEEK, DAVID H. 1609 GULF LIFE TOWER JACKSONVILLE FL 32207**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOORHEAD, JOHN M.	1.2 NAME	
STREET ADDRESS	13925 MANDARIN OAKS LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *John M. Moorhead* **JOHN M. MOORHEAD, M.D.** 4-23-96 268-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)