## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÖFIT \*\* CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000010996 1. Corporation Name

MICHAEL J. DUFFY, M.D., P.A.

FILED
Feb 23, 1999 8:00 am
Secretary of State
02 22 1000 00002 020 ***150 00



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Principal Place	of Business	Mail	ing Address				1,221,021		
836 PRUDENTIAL DRIVE 836 PRUDENTIAL DRIVE									
SUITE 907 SUITE 907							DO NOT MOTE IN	THE SPACE	
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207							DO NOT WRITE IN T	HIS SPACE	
US		US					3. Date Incorporated or Qualifed		
4							02/07/1994		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	<u> </u>	oplied For
21		26		_			59-3223657	<del></del>	ot Applicable
Suite, Apt.	#, etc.	:	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27		_			<b>3</b> , 00/4/00/3 (10/4/2007)	Fee Re	equired
City & State	9		City & State				6. Election Campaign Financing	• • •	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Cour	itry		<ol><li>This corporation owes the current year</li></ol>		_
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registe	red Agent				10. Name and Address of New Registe	red Agent	
					81 N	lame 🤫 🔏	eff RIII		
BRAN	nt moore sapp macdonali	D & WELL	S, P.A.	-	<b>82</b> S	troot Address	s (P.O. Box Number is Not Acceptable)	<del>'                                    </del>	
50 N	ORTH LAURA ST.					کس: او		رم: لحا: - ر	
SUIT	E 3100			T I	83			- 11	
JACH	(SONVILLE FL 32202					6620	South point Drive		
					84 C	City	ksonu:(18	FI  85  <sup>Zip</sup> ɔ	Code
		F00 1 00°	7 4500 Flacida Ctatud			م و ر	ation submits this statement for the purpos		
office or r	egistered agent or both in the Stat	te of Florida	<ul> <li>Such change was a</li> </ul>	uthorized	by the	corporation	's board of directors. I hereby accept the a	ppointment as re	egistered
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	12/12	Luck	_				1-15-9	7	\
	Signature, typed a printed name of registered a			_	Agent sig	nature required w		E AND DIDECT	200 IN 12
12.	OFFICERS A	AND DIREC		13.		<del></del>	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	4		☐ DELETE	1.1 T(T)				[_] Change	
NAME	DUFFY, MICHAEL J			1.2 NA	ME				l l
STREET ADDRESS	836 PRUDENTIAL DR SUITE	907		1.3 STF	REET ADD	DRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CIT	Y-ST-ZIF	Р			
TITLE	P		☐ DEFELE	2.1 TIT	LE	1		☐ Change	☐ Addition
NAME	DUFFY, CLAIRE			2.2 NA	ME				
STREET ADDRESS	836 PRUDENTIAL DR SUITE	907		2.3 STF	REETADO	DRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CII	ry-st-zi	iP			
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				3.2 NA					Ì
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STREET ADDRESS									
CITY-ST-ZIP	<u> </u>		☐ DELETE	_	ry-st-zi	<u> </u>		Change	Addition
TITLE			□ DELETE	4.1 TIT				onange	
NAME				4. 2 NA					ļ
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CITY-ST-ZIP				4.4 CIT	Y-ST-ZIF	P			
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NAME				52 NAI	ME				
STREET ADDRESS				5.3 STF	REET ADD	DRESS			
CITY-ST-ZIP				5.4 CIT	Y-ST-ZIF	P			
TITLE			☐ DELETE	6.1 T/T	LE			☐ Change	☐ Addition
NAME				6.2 NAJ	ME				ľ
				6.3 STF	REETADO	ORESS			
STREET ADDRESS									}
CITY-ST-ZIP				64 CIT	Y-ST-ZIF	r			

64 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: