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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:12

DOCUMENT # **453981** **(3)**

1. Corporation Name

JACK B. OWEN, M.D., P.A.

Principal Place of Business	Mailing Address
1111 W DIXIE P. O. BOX 490026 (34749-0026) LEESBURG FL 34749-7026	PO BOX 490026 LEESBURG FL 34749-0026 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1974**
3a. Date of Last Report: **02/11/1994**

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

4. FEI Number: **59-1553162** ☐ 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

DAVIS, RANTSON E.
734 NORTH THIRD ST.
SUITE 413
LEESBURG FL

10. Name and Address of New Registered Agent

81 Name: **CHARLENE OWEN**
82 Street Address (P.O. Box Number is Not Acceptable): **1111 W. DIXIE AVENUE**
83
84 City: **LEESBURG** **FL** 85 Zip Code: **34748**

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: *Charlene Owen* **CHARLENE OWEN** **2-21-95**
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OWEN, JACK B	12 NAME	
STREET ADDRESS	1111 WEST DIXIE	13 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	OWEN, CHARLENE M.	22 NAME	
STREET ADDRESS	1111 W. DIXIE AVE.	23 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 satisfy the requirement of that section that I have taken an oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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.

SIGNATURE: *Charlene Owen* **CHARLNE OWEN, SECRETARY** **2-21-95** **904-787-9291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Area Code & Daytime Phone Number

0483711 FP