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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

476877

(6)

DOCUMENT #
1. Corporation Name

JOHN B. MCCALL, JR., M.D., P.A.

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Principal Place of	of Business		Mailing Address							
555 STOCKTON ST. JACKSONVILLE FL 32204			555 STOCKTON ST. JACKSONVILLE FL 32204							
						3. Date Incorporated 05/28/1975	or Qualified	3a. Date of 02	Last Re /02/19	port)95
2. Principal Plac	ce of Business		2a. Mailing Address 26			4. FEt Number 59-15932	56			pplied For lot Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.			5. Certificate of Status	s Desired		•	Additional lequired
City & State			City & State			6. Election Campaign Trust Fund Contrib	-			May Be to Fees
2ip 24	25	untry	Zip 29	30	ntry	8. This corporation ha Florida Statutes	Yes	□ No		199.032,
	9. Name and A	Idress of Current	Registered Agent			10. Name and Addre	ss of New R	egistered Age	ent	
49 PHII	.L, Suzanne Y. Llips ave. : Vedra Beach	FL 32082			84 City	nn B. McCall ddress (P.O. Box Number is N Phillips Ave				Code
11. Pursuant to or registere	o the provisions of Sed agent, or both, in and accept the d	Sections 607.0502 at the State of Florid bligations of Section	and 607.1508, Florida Statu y. Such change was authori y. 607.0585, Florida Statute	ites, the abo ized by the c es.	ve-named cor corporation's t	nte Vedra Beac rporation submits this stateme board of directors. I hereby acc	nt for the pur cept the appo	pose of changi pintment as rec	ing its re gistered	ageni. i ani
CICNIATURE	III	Z-8111	KW,		John	B. McCall,	<u>jr.</u>	04/1		
SIGNATURE	(//	name of management a			John	quired when reinstating		DATE		
SIGNATURE	signature, typed or py teo	name of it gate of agent a OFFICERS AND	DIRECTORS	13.	John Agent signature re	A B. McCall, Cuited when reinstating ADDITIONS/CHANG		DATE CERS AND DI	RECTOR	RS IN 12
SIGNATURE	signature, typed or pry ted	OFFICERS AND		13.	John Agent signat iro res	quired when reinstating		DATE CERS AND DI		
SIGNATURE 5 12. TITLE NAME	signature, typed or pip tes TD MCCALL, S	OFFICERS AND	DIRECTORS	13. 1. 1.7(1.2 N/	John Agent signat iro res TLE	quired when reinstating		DATE CERS AND DI	RECTOR	RS IN 12
SIGNATURE	TD MCCALL, SI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE.	DIRECTORS	13. 1.1 To 1.2 NA 1.3 ST	John Agent signaturo re TLE AME REET ADDRESS	quired when reinstating		DATE CERS AND DI	RECTOR	RS IN 12
SIGNATURE	TD MCCALL, SI 49 PHILLIPS PONTE VEC	OFFICERS AND	DIRECTORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci	John Agent signat, iro rec TLE IME REET ADDRESS TY+ST-ZIP	quired when reinstating		CERS AND DI	IRECTOF Change	RS IN 12
SIGNATURE	TD MCCALL, SI 49 PHILLIPS PONTE VEC	OFFICERS AND UZANNE Y. 3 AVE. DRA BEACH FL	DIRECTORS	13. 1.1 Ti 12 N/ 1.3 ST 1.4 Ci 2.1 Ti	John Agent signature re TLE AME REET ADDRESS TY-ST-ZIP TILE	quired when reinstating		CERS AND DI	RECTOR	RS IN 12
SIGNATURE 12. TITLE NAME S'REET ADORESS CITY: S1-ZIP TOLE NAME	TD MCCALL, SI 49 PHILLIPS PONTE VEC PD MCCALL, JI	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B	DIRECTORS DELETE	13. 1.1 To 1.2 NA 1.3 ST 1.4 CO 2.1 To 2.2 NA	John TLE SME REET ADDRESS TY-SI-ZIP TLE SME	quired when reinstating		CERS AND DI	IRECTOF Change	RS IN 12
SIGNATURE	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B B AVE.	DIRECTORS DELETE	13. 1.1 To 1.2 N/ 1.3 S1 1.4 Ci 2.1 Ti 2.2 N/ 2.3 S1	John TLE MME REET ADDRESS TY+SI-7IP TILE MME REET ADDRESS	quired when reinstating		CERS AND DI	IRECTOF Change	RS IN 12
SIGNATURE 12. TITLE NAME S'REET ADDRESS CITY ST-ZIP THLE NAME STREET ADDRESS CITY ST-ZIP	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B	DIRECTORS DELETE DELETE	13. 1.17i 1.2 N/ 1.3 SI 1.4 Ci 2.1 Ti 22 N/ 2.3 SI 2.4 Ci	John TLE SME REET ADDRESS TY-SI-ZIP TLE MME REET ADDRESS TY-SI-ZIP TLE REET ADDRESS TY-SI-ZIP	quired when reinstating		CERS AND DI	IRECTOF Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: S1- ZIP TOLF NAME STREET ADDRESS DITY: S1- ZIP TITLE	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B B AVE.	DIRECTORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 SI 1.4 Ci 2.1 Ti 2.2 N/ 2.3 SI 2.4 Ci 3.1 Ti	John TLE THE THE THE THE THE THE THE THE THE TH	quired when reinstating		CERS AND DI	IRECTOF Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: S1- ZIP	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B B AVE.	DIRECTORS DELETE DELETE	13. 1.1 Ti 1.2 N/ 1.3 SI 1.4 Ci 2.1 Ti 2.2 N/ 2.3 SI 2.4 Ci 3.1 Ti 3.2 N/ 3.3 S 3.4 Ci	Agent signative real TLE IME REET ADDRESS TY-ST-ZIP ILE AME REET ADORESS TY-ST-ZIP ILE AME TILE TILE TILE TILE TILE TILE TILE TIL	quired when reinstating		CERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B B AVE.	DIRECTORS DELETE DELETE	13. 1.17i 12 N/ 1.3 S1 1.4 Ci 2.1 Ti 22 N/ 23 S1 24 Ci 3.1 Ti 32 N/ 33 S 34 Ci 4.1 Ti	John TLE TLE THE THE TADDRESS TY-SI-ZIP TILE TREET ADDRESS TY-SI-ZIP	quired when reinstating		CERS AND DI	IRECTOF Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY: S1- ZIP	TD MCCALL, SI 49 PHILLIPS PONTE VED MCCALL, JI 49 PHILLIPS	OFFICERS AND UZANNE Y. B AVE. BRA BEACH FL R, JOHN B B AVE.	DIRECTORS DELETE DELETE	13. 1.1 To 12 N/ 1.3 S1 1.4 Ci 2.1 Ti 22 N/ 23 S1 24 Ci 3.1 Ti 32 N/ 3.3 S 3.4 Ci 4.1 Ti 42 N/	John TLE THE REET ADDRESS TY-SI-ZIP TITLE MME REET ADDRESS TY-SI-ZIP TITLE MME TREET ADDRESS TY-SI-ZIP TITLE MME	quired when reinstating		CERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition
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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 cath; that I am an officer or director of the corporation of 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 or an attachment with an address.

SIGNATURI

Type OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (904) 387-6483

Daytime F

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