

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name:

EDWARD J. CHOPSKIE, M.D., P.A.

**2033 RIVERSIDE AVENUE
RIVERSIDE HOSPITAL
JACKSONVILLE FL 32204**

**2033 RIVERSIDE AVENUE
RIVERSIDE HOSPITAL
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified 03/01/1976	3a. Date of Last Report 02/02/1995
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 | City & State

27 **City & State**

23	Zip	Country
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28 Zip _____ Country _____

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOPSKIE, EDWARD J., M.D.
2033 RIVERSIDE AVE.
RIVERSIDE HOSPITAL
JACKSONVILLE FL 32204

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Some typical expressions used by registered agent and filed annually:

NOTE Registered Agent signature required when reinstating.

DATE _____

12 OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE	PD	<input type="checkbox"/> DELETE
NAME	CHOPSKIE, EDWARD J.	
STREET ADDRESS	2033 RIVERSIDE AVE	
CITY	JACKSONVILLE FL	

VS
CHOPSKIE, EDWARD J.
2033 RIVERSIDE AVE
JACKSONVILLE FL

NAME
CHOPSKIE, EDWARD J.
2033 RIVERSIDE AVE
JACKSONVILLE FL

DATE	STREET ADDRESS	CITY	STATE	ZIP
TITLE			<input type="checkbox"/> DELETE	
NAME				
STREET ADDRESS				
CITY				

☐ **DELETE**
 NAME _____
 STREET ADDRESS _____
 CITY, ST, ZIP _____

NAME: _____
 TITLE: _____
 REM: _____
 SUBJECT ADDRESS: _____
 CITE: SL 200 _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST., ZIP

1 CITY, ST, ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY, ST, ZIP	

24 CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3 1 TITLE			
3 2 NAME			
3 3 STREET ADDRESS			
24 CITY, ST, ZIP			

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Cast/Time Phone #

CR2E034 (12/95)