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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

496389 **DOCUMENT #**

(8)

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

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2033 RIVERSI RIVERSIDE H JACKSONVILL	OSPITAL	Mailing Address 2033 RIVERSIDE AV RIVERSIDE HOSPITA JACKSONVILLE FL	AL		3. Date Incorporated or Qualified 03/01/1976	3a. Date of Last 02/02/	1895
Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-1642985		Applied For Not Applicable
Suite, Apt. #, i	etc	Suite, Apt #, etc.			Certificate of Status Desired	1 1	75 Additional e Required
City & Stafe		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Z(p)	Country 25	Z _I p	Coun	ntry	8. This corporation has liability for in Florida Statutes Yes	□No	s 199.032,
	9. Name and Address of Currer				10. Name and Address of New Ro	egistered Agent	
	_			81 Name			
	KIE, EDWARD J., M.D. VERSIDE AVE.			82 Street Addr	et Address (P.O. Box Number is Not Acceptable)		
RIVERSI	DE HOSPITAL			83			
JACKSO	INVILLE FL 32204		-	84 City		85	Zip Code
					ration submits this statement for the pur	FL T	
SNATURE		D DIRECTORS	OTE Registered a	Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		
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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 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 Bluck 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR PRINTED TO PRINTED NAME OF SIGNING OFFICER OR PRINTED TO PRINTED NAME OF SIGNING OFFICER OR PRINTED TO PRINTED TO PRINTED NAME OF SIGNING OFFICER OR PRINTED TO PRINT