

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 500293

(6)

1. Corporation Name

FLOYD S. GONDER, JR., M.D., P.A.



Principal Place of Business

3599 UNIV. BLVD. SOUTH
SUITE 603
JACKSONVILLE FL 32216

Mailing Address

3599 UNIV. BLVD. SOUTH
SUITE 603
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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g. Name and Address of Current Registered Agent

GONDER, FLOYD S. JR.
3599 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
04/01/1976

3a. Date of Last Report
03/21/1995

4. FLE Number
59-1656266

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

P
GONDER, FLOYD S JR
2859 FOREST CIR
JACKSONVILLE, FL 00000

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

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GONDER, FLOYD S JR
2859 FOREST CIR
JACKSONVILLE, FL 00000

6. NAME

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