

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:13

DOCUMENT # 576989 (8)

1. Corporation Name:

JAY W. EDELBERG, M.D., P.A.

Principal Place of Business

**5906 SAXONY WOODS LANE
JACKSONVILLE FL 32211**

Mailing Address

**5906 SAXONY WOODS LANE
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/01/1978	3a. Date of Last Report 02/10/1994
4. FEI Number 59-1835469	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. 109.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21 168 UNIVERSITY Blvd N

Suite, Apt. #, etc.

2a. Mailing Address

26 168 UNIVERSITY Blvd N

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32211

Country

25 USA

Zip

29 32211

Country

30 USA

9. Name and Address of Current Registered Agent

ASBURY, LLOYD T.

**801 W. BAY ST., SUITE 2500-
322024435 FL 32211**

10. Name and Address of New Registered Agent

81 Name

SAME

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

800 200 N. CLAY ST # 100

83

84 City

JACKSONVILLE

FL

85 Zip Code
32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

(Signature of agent or president of corporation and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDELBERG, JAY W
STREET ADDRESS	5906 SAXONY WOODS LANE
CITY- ST- ZIP	JACKSONVILLE, FL 00000 32211-7541
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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; and the register or trustees 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 as an addition with an addition.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1-20-95 904-393-2678