FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 600009 (5)

1. Corporation Name
James D. Beeson, P.A.

Principal Place of Business
501 Magnolia Avenue
Jacksonville, Fl. 32211

Mailing Address
Same

3. Date Incorporated or Qualified: **09/01/61**
3a. Date of Last Report: **1996**

2. Principal Place of Business
21 **501 Magnolia Ave.**
Suite, Apt. #, etc. 22
City & State 23 **Jacksonville, Fl.**
Zip 24 **32211** Country 25 **Duval**

2a. Mailing Address
26 **Same**
Suite, Apt. #, etc. 27
City & State 28 **Same**
Zip 29 **Same** Country 30 **Same**

4. FEI Number: **59-0937668** ☐ 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

9. Name and Address of Current Registered Agent

James D. Beeson, M.D.
501 Magnolia Avenue
Jacksonville, FL. 32211

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 607.0502 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: James D. Beeson, M.D. (NOTE: Registered Agent signature required when designated) DATE

12. OFFICERS AND DIRECTORS

P/D ☐ DELETE
James D. Beeson
501 Magnolia Avenue
Jacksonville, Fl. 32211

S ☐ DELETE
Margaret M. Beeson
501 Magnolia Avenue
Jacksonville, FL 32211

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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
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

000002135120
-04/07/97--01082--004
***165.00

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a director or officer 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: James D. Beeson Date 4-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James D. Beeson, M.D.