


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90075 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600058

1. Corporation Name

DOCTORS HURT, ISAAC, JOHNSTON & CRANFORD, P.A.

Principal Place of Business

1633 RIVERSIDE AVE  
14  
JACKSONVILLE FL 32204  
US

Mailing Address

F K HURT  
1661 RIVERSIDE AVE. SUITE E  
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1961

4. FEI Number

59-0940646

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

26 1633 Riverside Ave.

Suite, Apt. #, etc.

27 Suite 14

City & State

28 Jacksonville, FL

Zip

29 32204

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATOUR, EMILE A  
1633 RIVERSIDE AVE  
STE #14  
JACKSONVILLE FL 32204

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LATOUR, EMILE A  
STREET ADDRESS 1633 RIVERSIDE AVE, #14  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME JETER, OMEL L  
STREET ADDRESS 1633 RIVERSIDE AVE, #14  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME SALTmarsh, C W  
STREET ADDRESS 1633 RIVERSIDE AVE, #14  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME MCINNIS, ALEXANDER N  
STREET ADDRESS 1633 RIVERSIDE AVE, #14  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME CARRAWAY, J S  
STREET ADDRESS 1633 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME PANACCIONE, J L  
STREET ADDRESS 1633 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered. E. A. Latour, M.D. (904) 354-6360

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. S. CARRAWAY M.D.

Date

Daytime Phone #

CR2E034 (11/98)

DOC-600058  
281473-90075-44

Memo to: Department of State

Re: Corporation Annual Report 1999 for Hurt, Isaacs, Johnston & Cranford, P.A.

Please note that your form does not allow sufficient space to show all of the officers/directors of this corporation. We have shown the following as a clarification of the officers and directors.

- |                     |     |
|---------------------|-----|
| 1. E. A. Latour     | P/D |
| 2. O. L. Jeter      | V/D |
| 3. J. S. Caraway    | T/D |
| 4. A. N. McInnis    | S/D |
| 5. C. W. Saltmarsh  | V/D |
| 6. J. L. Panaccione | V/D |
| 7. R. C. Buxton     | V/D |

Should you need any further information, please advise.