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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **600545** **(8)**

1. Corporation Name
DRS. MORI, BEAN AND BROOKS, P. A.

Principal Place of Business
3599 UNIVERSITY BLVD.. SOUTH
SUITE 10
JACKSONVILLE FL 32216

Mailing Address
3599 UNIVERSITY BLVD.. SOUTH
SUITE 10
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **11/01/1968**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **59-1226176** ☐ 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

MORI,PAUL A
3599 UNIVERSITY BLVD. S. STE. 10
JACKSONVILLE FL 32216

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NEW Registered Agent signature is required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCOOK, BARRY M 3599 UNIV BLVD S STE 10 JACKSONVILLE, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MOORE, LUANN B 3599 S UNIV BLVD STE 10 JACKSONVILLE, FL 00000	☐ DELETE	2.1 TITLE PRESIDENT 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORROW, WILLIAM S. 3599 S UNIV BLVD STE 10 JACKSONVILLE, FL 00000	☒ DELETE	3.1 TITLE V 3.2 NAME FRANK SANCHEZ 3.3 STREET ADDRESS 3599 UNIV BLVD S STE 10 3.4 CITY-ST-ZIP JAX, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ABDULLAH, DAVID C 3599 S UNIV BLVD STE 10 JACKSONVILLE, FL 00000	☒ DELETE	4.1 TITLE T 4.2 NAME R. STEPHEN SURRATT 4.3 STREET ADDRESS 3599 UNIVERSITY BLVD S STE 10 4.4 CITY-ST-ZIP JAX, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE S 5.2 NAME JOSEPH UTZ 5.3 STREET ADDRESS 3599 UNIV BLVD S STE 10 5.4 CITY-ST-ZIP JAX, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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.

SIGNATURE: Luann B. Moore Luann B. Moore, President 04/09/96 904-399-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #