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May 02 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 # 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 32216-4245



3. Date Incorporated or Qualified 11/01/1968
3a. Date of Last Report 04/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Building 300

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Building 300

28 City & State

29 Zip 30 Country

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)

3599 University Blvd. S. Building 300

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

TITLE ☐ DELETE

NAME P
MOORE, LUANN B
STREET ADDRESS 3599 S UNIV BLVD STE 10
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ☐ DELETE

NAME V
FRANK SANCHEZ
STREET ADDRESS 3599 UNIV BLVD S STE 10
CITY-ST-ZIP JAX FL

TITLE ☐ DELETE

NAME T
R. STEPHEN SURRATT
STREET ADDRESS 3599 UNIVERSITY BLVD S STE 10
CITY-ST-ZIP JAX FL

TITLE ☐ DELETE

NAME S
JOSEPH UTZ
STREET ADDRESS 3599 UNIV BLVD S STE 10
CITY-ST-ZIP JAX FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 3599 University Blvd. S. Bldg 300
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3599 University Blvd. S. Bldg 300
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3599 University Blvd. S. Bldg 300
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Joseph Utz
4.3 STREET ADDRESS 3599 University Blvd. S. Bldg 300
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 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

4-2-97

(904) 399-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)