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FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600716

(5)

1. Corporation Name

JOHN T. HOCKER, M.D., P.A.

Principal Place of Business
4203 BELFORT RD STE 315
JACKSONVILLE FL 32216Mailing Address
4203 BELFORT RD STE 315
JACKSONVILLE FL 32216-58933. Date Incorporated or Qualified
12/31/19683a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1227451Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOCKER, JOHN T
4203 BELFORT RD #315
JACKSONVILLE FL 32216

81. Name

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

83. City

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 and 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 HOCKER, JOHN T
STREET ADDRESS 4203 BELFORT RD #315
CITY- ST- ZIP JACKSONVILLE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE S
NAME RUPPERT, VIRGINIA
STREET ADDRESS 4203 BELFORT RD #315
CITY- ST- ZIP JACKSONVILLE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE D
NAME FIPP, GEORGE J
STREET ADDRESS 4203 BELFORT RD #345
CITY- ST- ZIP JACKSONVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE D
NAME WILLIAMS, J WEBSTER
STREET ADDRESS 4203 BELFORT RD #150
CITY- ST- ZIP JACKSONVILLE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE
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:

John T. Hocker, M.D., P.A.

2/12/97

904-296-9897

Date

Daytime Phone

CR2E034 (9/96)