

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90260 019 ***150.00

DOCUMENT # 600757

1. Entity Name
JACKSONVILLE FAMILY PRACTICE ASSOCIATES, P.A.



Principal Place of Business Mailing Address
1731 UNIVERSITY BLVD S **1731 UNIVERSITY BLVD S**
JACKSONVILLE, FL 32216 **JACKSONVILLE, FL 32216** **US** **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



04202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1227172 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SELANDER, GUY T Name
1731 UNIVERSITY BLVD S Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32216 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SELANDER, GUY T			NAME	Monnier, John E.		
STREET ADDRESS	1731 UNIVERSITY BLVD S			STREET ADDRESS	1731 University Blvd S.		
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	Jacksonville, FL		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIDDINGS, JACK E.			NAME			
STREET ADDRESS	1731 UNIVERSITY BLVD S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEADE, ROBERT L			NAME			
STREET ADDRESS	1731 UNIVERSITY BLVD S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHELSSEN, THOMAS A			NAME			
STREET ADDRESS	1731 UNIVERSITY BLVD S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guy T. Selander 4/21/04 904-725-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #