

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 600757

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



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

Mailing Address
**1731 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216 US**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1227172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELANDER, GUY T
1731 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SELANDER, GUY T
STREET ADDRESS 1731 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME GIDDINGS, JACK E.
STREET ADDRESS 1731 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE SD
NAME MEADE, ROBERT L
STREET ADDRESS 1731 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VD
NAME MICHELSEN, THOMAS A
STREET ADDRESS 1731 UNIVERSITY BLVD S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME MONNIER, JOHN E
STREET ADDRESS 1731 UNIVERSITY BLVD. S
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000385935
01/18/06-80039-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/06

904-725-0200