2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE!

1. Entity Name	MENT # 600805 V'S MEDICAL GROUP	, P.A.		·		J	Secretar			
	e of Business RSITY BLVD., S. LLE FL 32216-4316	4131 U	Mailing Address 4131 UNIVERSITY BLYD., S. JACKSONVILLE FL 32216-4316							
2. Principal Place of Business			3. Mailing Address			11111	(4 3 (5) (8 4 (5) 8 6 (4) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11211 4 1411 4 1411 4 1411 4 1		a, ,, ,,,, ,
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			1st MOORE				
City & State	9	City &	City & State			4. FEI Numb	^{er} 59-1230099			hed For Applicati
Zip Country		Zip	Zip Coun		ry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of	Current Registered	Agent		Name	7. Name and	Address of New Regi	stered Agent		
_4131	ERGREN, KAREN A. 1 UNIVERSITY BLVD.		-		Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32211		1	1		City					
							ab in the State of Florid		Cade	nd
	named entity submits this stations of registered agent.	ement for the purpos	se of changing ill	is regisiere	ed diffice or registe	rea agem, or bo	itt, ift the State of Florid	a. Park idikilidi	willi, a	nd accep
SIGNATURE .	Signature, typed or printed name of regis	lered agent and title if applic	abie (NO	TE: Registered	i Agent signature require	d when reinstaling)		DATE		
After	ILE NOW!!! FEE IS \$150 May 1, 2006 Fee Will Be Payable to Florida Depar	\$550.00	State				9. Election Campaigr Trust Fund Contrib			0 May E: I to Fees
10.	OFFICE	RS AND DIRECTOR	S	11.		ADDITIONS	/CHANGES TO OFFICE	<u>-</u>		
THE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTERGREN, KAREN A. 4131 UNIVERSITY BLVD S JACKSONVILLE FL	- .	☐ Delete		1			□ Cha	ange	∏ Additio
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD ZIMMERMAN, DALE F, M. 4131 UNIVERSITY BLVD., JACKSONVILLE FL	l .	☐ Delete	1	į.		U000003 01/31/06-0	398644 30006-006	_	B. 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FV FAUTH, SCOTT T., M.D. 4131 UNIVERSITY BLVD., JACKSONVILLE FL	S .	☐ Delete			<u></u> _		Cha	arge	Addin.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, SUSAN H. 4131 UNIVERSITY BLVD. JACKSONVILLE FL	s	☐ Delete		1			□ ch	ange	∏ Aarm
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete	4				☐ Ch	ange	Anciii.
THILE NAME STREET ADDRESS CITY-SI-IP		- ·	☐ Delete		1			Ch	ange	
indicated of the co	certify that the information sur- tion this report or supplemental corration or the receiver or tru- id, or on an attachment with a	il report is true and a Istee empowered to	ccurate and that execute this rep	it my signa xart as requ	kemptions contain ture shall have the lired by Chapter 6	ed in Section 1: same legal effe 07, Florida Stati	19, Florida Statutes 1 fu lot as if made under oat utes; and that my name	rther certify that h, that I am an o appears in Bloc	t the in officer o	formation or director r Block 11

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Jan 23, 2006 08:00 AM