

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 601304 (9)

1. Corporation Name

JAMES F. HAYES, M.D., P.A.



Principal Place of Business

836 PRUDENTIAL DR.  
BAPTIST MEDICAL PAVILION, STE 1208  
JACKSONVILLE FL 32207

Mailing Address

836 PRUDENTIAL DR.  
BAPTIST MEDICAL PAVILION, STE 1208  
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HAYES, JAMES F  
836 PRUDENTIAL DR  
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/20/1969

3a. Date of Last Report

04/21/1995

4. FET Number

59-1269737

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

10. Name and Address of New Registered Agent

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

N/A

Signature of typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when registered agent is changed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAYES, JAMES F  
STREET ADDRESS 836 PRUDENTIAL DR #1208  
CITY - ST - ZIP JACKSONVILLE FL

☐ DELETE

TITLE VSC  
NAME HAYES, BARBARA K.  
STREET ADDRESS 836 PRUDENTIAL DR # 1208  
CITY - ST - ZIP JACKSONVILLE, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*James F. Hayes MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 (904) 398-4545

Date

Daytime Phone

CR2E034 (12/95)