2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 601475

1. Entity Name
JOHN J. RAHAIM, M.D., P.A.

Principal Place of Business	Mailing Address
3300 ATLANTIC BLVD JACKSONVILLE, FL 32207	3300 ATLANTIC BLVD JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1272921
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAHAIM,JOHN J
3300 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000102327
04/05/04 00010 020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAHAIM, JOHN J
STREET ADDRESS	2722 WHITE OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	TD
NAME	HAYES, JAMES F
STREET ADDRESS	1550 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	SD
NAME	RAHAIM, SARAH
STREET ADDRESS	2722 WHITE OAK LN
CITY-ST-ZIP	JAX, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Rahaim Pres 3-31-4 904 398-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #