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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

602192

JOE C. EBBINGHOUSE, M.D., P.A.						
Principal Place of Business 2700 RIVERSIDE AVE JACKSONVILLE FL 32205 Mailing Address 2700 RIVERSIDE AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205						
				3. Date incorporated or Qualified 06/24/1970	3a. Date of Last 04/11	
2. Principa Plac	se of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		59-1295009		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing		00 May Be
3		28		Trust Fund Contribution	1 1	led to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		s 199.032,
4	25	29	30	Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	registered Agent	
			81 Name			
	GHOUSE,JOE C		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	RIVERSIDE AVE		83			
JACKS	SONVILLE FL		63			
•			84 City		FL 85	Zip Code
or registere Tamiliar witi	o the provisions of Sections 607.056 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	ndar Such change was autho ction 607,0505. Florida Statut	nzed by the corporation's boa es.	ration submits this statement for the pur ard of directors. Thereby accept the app	On the field as register	s registered office ed agent. I am
or registere familiar with SIGNATURE	d agent, or both, in the State of FIG	rich Such change was autholiction 607,0905. Florida Statul et and the diagonalise	NOTE Registered April signature reserved. 13.	ard or directors. Thereby accept the app	DATE	TORS IN 12
or registere familiar with SIGNATURE	ad agent, or both, in the State of FIG n, and accept the obligations of, So Signature type for printed rune of registered age OFFICERS A	rida Such change was authol ction 607,0605. Florida Statul	NOTE Registered April signature research	ard or directors. Thereby accept the app	DATE	TORS IN 12
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14. Loo 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 supplier ental 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 13 if maged, or on an aftechment with an address.

SIGNATURE:

CONSTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996 (904) 389-4521

Daytime Photo #