

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 # 603097 (7)

1. Corporation Name

JOSE RAMON JIMENEZ M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

19 MACCLENNY AVE W.
P.O. BOX 927
MACCLENNY FL 32063

19 MACCLENNY AVE W.
P.O. BOX 927
MACCLENNY FL 32063

3. Date Incorporated or Qualified

09/20/1971

3a. Date of Last Report

08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1417520

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, JOSE RAMON
19 MACCLENNY AVE., W.
MACCLENNY FL 32063

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and the applicable

(P.O. Box Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JIMENEZ, JOSE RAMON
STREET ADDRESS 19 MACCLENNY AVE., W., P. O. BOX 927 N/A
CITY-ST-ZIP MACCLENNY FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-22-96 904-259-2266
Date Day/Date Phone #

CR2E034 (12/95)