## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

124 EAST ASHLEY ST.

2a. Mailing Address

JACKSONVILLE FL 32202

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 DOCUMENT # 604389

LARMOYEUX CLINIC, P.A.

Principal Place of Business

2. Principal Place of Business

124 EAST ASHLEY ST.

NAME

STREET ADDRESS

CITY-ST-ZIP

JACKSONVILLE FL 32202

59-1468574 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LARMOYEUX, LOUIS J JR. Street Address (P.O. Box Number is Not Acceptable) 124 EAST ASHLEY ST. 83 JACKSONVILLE FL 32202 85 Zio Code 84 City 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 of 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. Si NATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE [ ] Change 1.1 TITLE TITLE 1.2 NAME LARMOYEUX, LOUIS J JR NAME 1.3 STREET ADDRESS 124 E. ASHLEY ST. STREET ADDRESS 1.4 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME LARMEYEUX, MICHAEL C NAME 2.3 STREET ADDRESS 124 E. ASHLEY ST. STREET ADDRESS 2. 4 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 1 1 4 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7IP ☐ Addition 61 TITLE DELETE TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and account 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 of the receiver of trusted employees 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 with all directive empowered. SIGNATURE:

1-4-1999

FILED

Jan 21, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

05/30/1973

4 FEI Number

01-21-1999 90002 022 \*\*\*150.00

CR2E034 (11/98)