| | PROFIT PRPORATION PROPORATION PROPORATION PROFIT PROFIT PR | J-man-10 | | Sá S | DEPARTMENT (andra B. Mortha iecretary of State N OF CORPORA | m e | | | | | |
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| DOCU 1. Corporati | MENT | # 637 | 7610 | () | 197 | 76 | | | | | |
| • | | MMONS, M.D |)., P.A. | • | • | | | | | | |
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| | ce of Business | | N | Mailing Address | | | I DESTUD OCCUPO PARAL PADOLO | | 8814 81811 B1811 B1 | HAT OHOTE BINET DEVOLE | |
| 4TH FLO | N MARCO BLVD IOR. BAPTIST E' NVILLE FL 32201 | re institute | | 1235 SAN MAR 4TH FLOOR, B JACKSONVILLE | APTIST EYE INS | TITUTE | | <u></u> | | | |
| | | | | | | | 3. Date Incorporated or Qual 10/01/1979 | lified | 3a. Date of Lat 02/0 | st Report 3/1995 | |
| 21 | Place of Busines | s | 26 | Mailing Address | : | | 4. FEI Number 59-1947579 | | - | Applied For Not Applical | |
| Suite, Apt 22 | #, etc. | | 27 | Suite, Apt. #, et | c. | | 5. Certificate of Status Desire | ed [| | .75 Additional | |
| City & Sta | te | | 28 | City & State | | | 6. Election Campaign Financi | ing r | · | ee Required .00 May Be | \dashv |
| Zip | | Country | | Zip | Cour | ntry | Trust Fund Contribution 8. This corporation has liability | | A0 | dded to Fees ers 199.032, | |
| 24 | 9. Name a | 5 nd Address of C | 29 urrent Regi | stered Agent | 30 | | Florida Statutes 10. Name and Address of N | Yes [|] No | | _ |
| | SAN MARCO | RD L. MD 3 rd BLVD #TH FLO | OOR | | | | dress (P.O. Box Number is Not Acor | eptable) | | | |
| JACK | SAN MARCO (SONVILLE FL to the provision ered agent, or bo with, and accept | s of Sections 607. th, in the State of the obligations of, | 0502 and 60 Florida, Suc Section 607 | .0505, Florida Stat | atutes, the abov lorized by the coutes. | 83 84 City e-named corpo orporation's boa | eration submits this statement for the | | FL 85 se of changing i ment as registe | Zip Code its registered off red agent, I am | ice |
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