

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Muntham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 666010 (4)

1. Corporation Name  
LPMC OF JAX, INC.



Principal Place of Business  
619 PENINSULAR PLAZA (JAX. FL 32204)  
P.O. BOX 2820  
JACKSONVILLE FL 32203

Mailing Address  
619 PENINSULAR PLAZA (JAX. FL 32204)  
P.O. BOX 2820  
JACKSONVILLE FL 32203

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified 04/04/1980  
3a. Date of Last Report 04/25/1995  
4. FFI Number 59-2015218  
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

GARTNER, WINFIELD A.  
1325 SAN MARCO BLVD #600  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 607.1508, 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 in printed form of registered agent and the corporation

2000 Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
WINSTON, JAMES H.  
645 RIVERSIDE AVE. #619  
JACKSONVILLE FL

VD  
WINSTON, MARY B.  
645 RIVERSIDE AVE. #619  
JACKSONVILLE FL

V  
JONES, LYNELL M.  
645 RIVERSIDE AVE. #619  
JACKSONVILLE FL

S  
GARTNER, WINFIELD A.  
1660 PRUDENTIAL DR #203  
JACKSONVILLE FL

D  
WINSTON-MASON, MCKIMMON  
615 RIVERSIDE AVE #619  
JACKSONVILLE FL

D  
WINSTON, JAMES H JR  
645 RIVERSIDE AVE., #619  
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

645 Riverside Ave, #619

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:

Lynell M. Jones Lynell M. Jones

4/2/96

(904) 358-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)