# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:30

DOCUMENT # 740340 (5)

1. Corporation Name

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVER NM ENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 515 LOMAX STREET<br>JACKSONVILLE FL 32204 | 515 LOMAX STREET<br>JACKSONVILLE FL 32204 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1977
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1805614 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

GILBERT, PHILIP H.
515 LOMAS STREET
JACKSONVILLE FL

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GILMOUR, KAY E | 1.2 NAME | |
| STREET ADDRESS | 3550 UNIVERSITY BLVD SO, STE 302 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MORRIS, WALTER, JR. | 2.2 NAME | |
| STREET ADDRESS | 1610 BARRS ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PCD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LOVEJOY, JOHN F MD | 3.2 NAME | |
| STREET ADDRESS | 4203 BELFORT RD, STE. 215 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GLENN, J E | 4.2 NAME | |
| STREET ADDRESS | 1820 BARRS STR, STE 358 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | MD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAPOLSKY, JACK L. | 5.2 NAME | |
| STREET ADDRESS | 710 LOMAX STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | EDDT | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHOU, MARK J. CPA | 6.2 NAME | |
| STREET ADDRESS | ~~2401 PALL MALL DRIVE STE. #102~~ 4/96 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL SOUTH/SIDE BLVD #200 | 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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-10-95 904-296-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001314