

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001209

1. Entity Name

MEDJAX ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 PM 12: 54

LA 5-20

Principal Place of Business

6100 KENNERLY ROAD  
JACKSONVILLE FL 32216

Mailing Address

6100 KENNERLY ROAD  
JACKSONVILLE FL 32216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3330402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C  
1 INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$98.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P95000057817	MEDJAX PROPERTIES, INC.	6100 KENNERLY ROAD	JACKSONVILLE FL 32216
BAHRI, GEORGES TENANTS	6100 KENNERLY ROAD	JACKSONVILLE FL 32216	
BAHRI, LORI TENANTS	6100 KENNERLY ROAD	JACKSONVILLE FL 32216	
BAHRI, FADY TENANTS	6100 KENNERLY ROAD	JACKSONVILLE FL 32216	
BAHRI, MELIA TENANTS	6100 KENNERLY ROAD	JACKSONVILLE FL 32216	

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

904-739-0050

Date

Daytime Phone #

CR2E003 (9/01)