

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001209

1. Entity Name
MEDJAX ASSOCIATES, LTD.



Principal Place of Business
**6100 KENNERLY ROAD
JACKSONVILLE, FL 32216**

Mailing Address
**6100 KENNERLY ROAD
JACKSONVILLE, FL 32216**



01082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # **P95000057817**
NAME **MEDJAX PROPERTIES, INC.**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

DOCUMENT #
NAME **BAHRI, GEORGES TENANTS**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

DOCUMENT #
NAME **BAHRI, LORI TENANTS**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

DOCUMENT #
NAME **BAHRI, FADY TENANTS**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

DOCUMENT #
NAME **BAHRI, MELIA TENANTS**
STREET ADDRESS **6100 KENNERLY ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000931605
05/22/08-80022-004 \$00.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE