

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F04384 (6)

1. Corporation Name

JOHN J. BREEN, M.D., P.A.



Principal Place of Business

Mailing Address

**% JOHN J BREEN, MD
1820 BARRS STREET #421
JACKSONVILLE FL 32204**

**% JOHN J BREEN, MD
1820 BARRS STREET #421
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified
11/01/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2033989

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREEN, JOHN J., MD
1820 BARRS STREET #421
JACKSONVILLE FL 32204**

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BREEN, JOHN J., MD**
STREET ADDRESS **1820 BARRS STREET #421**
CITY-ST-ZIP **JACKSONVILLE FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

12 NAME

NAME

13 STREET ADDRESS

STREET ADDRESS

14 CITY-ST-ZIP

CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME

NAME

23 STREET ADDRESS

STREET ADDRESS

24 CITY-ST-ZIP

CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY-ST-ZIP

CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

NAME

43 STREET ADDRESS

STREET ADDRESS

44 CITY-ST-ZIP

CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME

NAME

53 STREET ADDRESS

STREET ADDRESS

54 CITY-ST-ZIP

CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME

NAME

63 STREET ADDRESS

STREET ADDRESS

64 CITY-ST-ZIP

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)(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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 (904) 367-6828

Date Day, time Phone #

CP2E034 (12/95)