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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F39121

(1)

DOCUMENT #

1. Corporation Name

BARNES, HILL & REBENACK, M.D., P.A.					
Principal Place of Business 836 PRUDENTIAL DR. SUITE 1202 JACKSONVILLE FL 32207		Maing Andress 836 PRUDENTIAL DR. SUITE 1202 JACKSONVILLE FL 32207			
				3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last Report 04/28/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-2093746	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Gountry	8. This corporation has liability for	intangible tax under s 199.032
24	25	29	30	Florida Statutes Yes 10. Name and Address of New I	Registered Agent
	9. Name and Address of Curren	t Registered Agent	81 Name V		
			Y.	CICHARD D. BRUC	
ASBURY, LLOYD T			82 Street Ad	Address (P.O. Box Number is Not Acceptable) 13C1 CINCLOS INCE YULL EVARD	
836 PRUDENTIAL DRIVE SUITE 1202			83	2400	
JACKSONVILLE FL 32207					85 Zip Gode, 7
				PAUSON IUE oration submits this statement for the pi pard of directors. Thereby accept the ap-	FL 300
familiar with. SIGNATURE	and accept the obligations of a solutions of the probability and a probability of the pro	Tan I She if also eath	Bush	oration submits this statement for the property of the property accept the approperty of the property of the p	H-21-96 FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1 1 TiTLE	1	Change Addition
THILE	GREENE, C. C	L.	1.2 NAME		
NAME STREET ADDRESS	836 PRUDENTIAL DR.		1.3 STREET ADDRESS	1 se van	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY - ST - ZiP		Change Addition
TITLE	VO	☐ DELFT€	2 1 TITS E		Onling: Addition
NAME	HILL, KENNETH		2.2 NAME		
STREET ADDRESS	836 PRUDENTIAL DR		2.3 STREET ADDRESS		
CITY-ST-ZIF	JACKSONVILLE FL STD	DELETE	2.4 CITY - S1 - Z1 ⁵		Charige Addition
TITLE	REBENECK, PAUL		3.2 NAME		
NAME STREET ADDRESS	836 PRUDENTIAL DR SUIT	E 1202	3.3 STREET ADDRESS		
CITY-SI-ZIP	JACKSONVILLE FL 32207		3.4 CHY ST-ZIP		Character C Adds on
TillE		☐ DELFTE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP		CO COLOR	4.4 CHY 51 - 7IP		☐ Change ☐ Addition
TITLE		DELETE	5 1 TILLE 5 2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	6 1 MLF		Change Addition
TIPLE			6.2 NAMÚ		
NAME CINCEL ADORESS			6.3 STREET ADDRESS		
STREET ADDRESS			64 CITY ST-ZIP		
CHY-ST-7IP			0 4 307 37 24 1	lity for the exemption stated in Section 1 curate and that my signature shall have	AD OTIGINAL CIRCAD CHARLESON I for other

oath; that I am an officer or di appears in Block 12 or Block an attachment with an address

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/94

 $\widehat{D}_{a,i} \to \widehat{\mathcal{D}}_{i,a-a-a}^{-1}$