

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90039 045 ***150.00

DOCUMENT # F44491

1. Entity Name
IMESON PARK PRIMARY & FAMILY CARE CENTER, INC.



Principal Place of Business
**1718 N.EDGEWOOD AVE.
JACKSONVILLE, FL 32254**

Mailing Address
**1718 N.EDGEWOOD AVE.
JACKSONVILLE, FL 32254**

54019606



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2125498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, JOHN F
1718 N.EDGEWOOD AVE
JACKSONVILLE, FL 32254**

**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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GARCIA, CARMEN
STREET ADDRESS	1718 N.EDGEWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN F. GARCIA, M.D.

[Signature] **02/19/04 904-781-6203**
Date Daytime Phone #