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

F9500000604 (7)

DOCUMENT # 1. Corporation Name

IDEON GROUP, INC.



Principal Place of Business		Mailing Address						
	urion parkway Ille fl 32256	7596 CENTURION : JACKSONVILLE FL						
					3. Date Picorporated or Qualified 02/06/1995	3a. Date of La 04/	ast Report 12/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-3293212	·	Applied For	
21		26		Thot Applicable		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State	en de la companya de		6. Election Campaign Financing		5.00 May Be	
7 ₁₀			7ip Country		Trust Fund Contribution		Added to Fees	
24	25	Ζιρ 29	30			iblity for intangible tax under s 199.032, ▼ Yes No		
	9. Name and Address of Current				10. Name and Address of New Registered Agent			
		······································	8	1 Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				82 Street Address (P.O. Box Number is Not Acceptable)				
	HAYS STREET, SUITE 105		°	Z Street A	reet Address (P.O. Box Number is Not Acceptable)			
TALLA	HASSEE FL 32301		8	3				
				4 City		lon	T 72 624	
			6	City		FL 85	i Zip Code	
11. Pursuant to	the provisions of Sections 607.0502 a	and 607.1508, Florida Statu	tes, the above	named co	rporation submits this statement for the pur board of directors. Thereby accept the appo	pose of changing	j its registered office	
familiar wit	h, and accept the obligations of, Section	n 607.0505, Florida Statute	ized by the cor is.	poration s	board of directors. I hereby accept the appo	intrient as regis	tered agent. I am	
SIGNATURE .								
	Signature, typed or printed name of registers Lagert as			erit sagnatura re	g ined when reinstating) ;	DATE	୍ର	
12. TiTLE	CEO OFFICERS AND	T) DELETE	13.	;т	ADDITIONS/CHANGES TO OFFI		CTORS IN 12	
NAME	KAHN, PAUL G		1 1 Title			☐ Cha	arge 🗌 Addition 📴	
STREET ADDRESS	7596 CENTURION PARKWAY	1	1.2 NAMI	-			5	
CITY ST-ZIF	JACKSONVILLE FL 32256		1.3 STREET ADDRESS 1.4 GITY - STI- ZIP				CTORS IN 12	
TILLE"	СТДО	DELETE	2 1 11 LE			Cha	ange Addition	
NAME	FRANKLAND, G. THOMAS		2.2 NAME			U 6	ing: [] Addition	
STREET ADDRESS	7596 CENTURION PARKWAY	1		EL ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		24 011					
TIFLE	MD	☐ DELETE	3 1 Tift			[] Cha	ange Addition	
NAME	MARINO, FRANCIS J		3.2 NAM			_		
STREET ADDRESS	7596 CENTURION PARKWAY	1	3.3 STR	ET ADDRESS				
CITY - \$1 - ZIP	JACKSONVILLE FL 32256		3.4 CHY	- \$1 - ZIP				
TITLE	BCOD	XX)ELETE	4. 1 T TL	F	V	Cna	ange 🗶 Addition	
NAME	BIRK, JOHN R		4.2 NAM	:	Merritt, Donelyn N			
STREET ADDRESS	7596 CENTURION PARKWAY	ſ	4.3 STRE		7596 Centurion Parl			
CHTY - ST - ZBP	JACKSONVILLE FL 32256		4.4 CITY	- S1 - ZIP	Jacksonville, FL			
DILE	VAS	XX)ELETE	5 1 1011		V	Cha	ange 🗶 Addition	
NAME	JOSEPH, MARC F 7596 CENTURION PARKWAY	,	5.2 NAMI		Strauss, Harry			
STHEET ACORESS	JACKSONVILLE FL 32256	I	5.3 STRE	1	10450 SW Nimbus Roa			
CDY-S1-ZIP	S SACKSONVILLE PL 32230	ריין היוניי	5 4 CITY		Portland, OR 9722			
TIBLE	ORMAND, LISA	DELETE	6 1 THE	1		Cha	ange 🔲 Addition	
NAME CASHET ASSESSED	7596 CENTURION PARKWAY	<i>t</i>	6 2 NAMI					
STHEET ADDRESS	JACKSONVILLE FL 32256	1	1	FT ADORESS				
CITY - S* - Z+P	certify that the information supplied wi	th this filips is voluntarily fun	5 4 CITY	** / Name - American - 1	the facthy appropriate stated in Casting 1107	anoma Elected	S-14-44-	

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 if changed, or on an attachment with an address.

SIGNATURE: Lisa Command

Signature and typed or printed name of Signing Officer on Director

Lisa Ormand - Secretary

904/218-1841