SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90006 001 ***550.00

DOCUMENT # F9800003118

KELSON PHYSICIAN PARTNERS OF JACKSONVILLE, INC.

Principal Place of Business				Mailing Address													
90 STATE HOUSE SQUARE. 10TH FLOOR HARTFORD CT 06103			90 State House Square, 10th Floor Hartford Ct 06103														
									DO NOT WRITE IN THIS SPACE								
			-			3	Date Incorp 06/02/19		Qualified	l							
2. Principal Pt	ace of Business	2a.	2a. Mailing Address					4.	FEI Numbe	er .				Α	oplied i	For	
21			26				\			06-1513	3783				N	ot Appl	licable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Certificate of	of Ctatus I	Janier d		\$8	3.75	Additio	nal
22				27					3.	Cermicate	Ji Siaius i				Fee R	equired	1
City & State				City & State					6.	Election Ca	mpaign F	inancing	_	\$	5.00	May E	Зе
23			28						<u> </u>	Trust Fund	Contributi	on			Added	to Fee	s
Zip ───		ountry	29	Zip Country					8. This corporation owes the current year								
24	[25]		30				Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent										
	9. Name and A	81	_	Name	10.	Name and	Address	of New F	Registere	d Agen	t						
CORPORATION SERVICE COMPANY								vame			. •						
1201 HAYS STREET							5	Street Addre	et Address (P.O. Box Number is Not Acceptable)						-		
TALLAHASSEE FL 32301-2525							83										
						83											
							84 City							§ 85	Zip	Code	
11 Pursuant	to the provisions of	uhraite this	etatomont	for the ev	unana of	changin		aictoro									
office or r	egistered agent, or	both, in the State of d accept the obligation	Florida	i. Such change was a	authoriz	ed by	the	e corporation	n's bo	ard of direc	tors. I here	eby accer	ot the app	ointmer	t as re	gistere	ed
SIGNATURE_																	_
						TE: Registered Agent signat					CHANCE	TO OF	DATE		TOT!		40
TITLE	OFFICERS AND DIRECTORS					1.1 TITLE			AI	DDITIONS/	CHANGE	S TO OF	FICERS /				
NAME	CREASEY, E. H					NAME									hange	L A	ddition
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CITY-ST-ZIP TITLE						1.4 CITY-ST-ZIP											
NAME	VSTODELETE KINELL, JEFFREY W					NAME			-	-	-	•	_	Ц	hange	L A	ddition
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CITY-ST-ZIP																	- 1
indicated or an officer or	14. 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 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 of an attactyment with an address.																

SIGNATURE:

IDE AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECT

OFFICER OR DIRECTOR

CDOE034