

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CONSUMER SERVICE CENTER

APPROVED
AND
FILED

95 MAY - 1 11 9:15

DOCUMENT # **G42690** (9)

FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1594 KINGSLEY AVENUE, ORANGE PARK FL 32073
Mailing Address: 1594 KINGSLEY AVENUE, ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		26. Mailing Address		3. Date incorporated (or organized)	3a. Date of Last Report
21		26		06/08/1983	02/23/1994
22. State Agent		27. State Agent		4. FFI Number	Applied For / Not Applicable
23		27		59-2295934	
24. City		28. City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25		28		6. Has been Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29. County		30. County		8. This corporation has liability for intangible tax under S. 199.007 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BULTMAN, RICHARD J. 1594 KINGSLEY AVE. ORANGE PARK FL 32073				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. I, the undersigned, as president, secretary, and chief financial officer of the corporation, certify that the information furnished on this statement is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby accept the appointment as registered agent of this corporation.

SIGNATURE: *Richard J. Bultman* S-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	P SESSIONS, W. H. 1594 KINGSLEY AVE. ORANGE PARK FL	NAME	President Biggerstaff, James R. 1594 Kingsley Ave Orange Park, FL 32073
NAME	S JOYNER, PEGGY A 1594 KINGSLEY AVE ORANGE PARK FL	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.007, 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. This certificate is in place for all the corporation or the names of holders represented herein on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block C of Block 1 of the report or on an attachment with an address.

SIGNATURE: *James R. Biggerstaff*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
James R. Biggerstaff, M.D. 5/1/95 904-264-8621