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

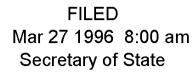
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(9)

FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.



Principal Place of	Business	Maring Address						
1594 KINGSLEY AVENUE 1594 KINGSLEY AV ORANGE PARK FL 32073 ORANGE PARK FL								
					3. Date Incorporated or Qualified 06/08/1983	3a. Date of L. 05/	ast Report 01/1995	
Principal Place of Business 2a. Mailing Address			ess		4. FEI Number		Applied For	
26		26	-		33 <u>EE33307</u>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,			
z .p	25 29		30		Florida Statutes X Yes No			
	9. Name and Address of Cur				10. Name and Address of New F	legistered Agei	nt	
				11 Name				
BULTMAN, RICHARD J.				Street Add	ot Address (P.O. Box Number is Not Acceptable)			
1594 KINGSLEY AVE. Orange Park FL 32073				33				
			Ī	34 City		E1 8	5 Zip Code	
SIGNATURESI	griature, typed or printed name of registered a	gent and title I application	(NOTE: Registered /	gent squatara terjar	ec whe immediate ADDITIONS/CHANGES TO OFF	DATE IÇERS AND DIF	RECTORS IN 12	
ILE		DELETE	1 1 117	LE T				
AME	P BIGGERSTAFF, JAMES I		1.2 NA					
	1594 KINGSLEY AVE.	ו	i ii	EET ADDRESS				
REFT ADDRESS	ORANGE PARK FL			f - S1 - ZIP				
TY-ST-ZIP	S S	DELETE	2 1 7(1				nange 🔲 Addition	
AME	JOYNER, PEGGY A		22 NA	at I				
TREET ADDRESS	1594 KINGSLEY AVE		2351	EET ADDRESS				
11Y - S1 - ZIP	ORANGE PARK FL		2401	Y-S1-Z:P				
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NAME			5 2 NA	ME				

14. 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.

5.3 STREET ADDRESS

63 STHEE! ADDRESS

6.4 CHY-ST-ZIP

5.4 CITY - ST - 7IP

6 1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

☐ Change ☐ Addition