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Secretary of State

02-09-1999 90022 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G42690

1. Corporation Name

FAMILY PRACTICE ASSOCIATES OF ORANGE PARK, P.A.

Principal Place of Business 1594 KINGSLEY AVENUE ORANGE PARK FL 32073	Mailing Address 1594 KINGSLEY AVENUE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1983

4. FEI Number

59-2295934

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election-Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax.☒Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City &amp; State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City &amp; State

28

City &amp; State

29

City &amp; State

Country

9. Name and Address of Current Registered Agent

BULTMAN, RICHARD J.  
1594 KINGSLEY AVE.  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P BIGGERSTAFF, JAMES R

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

officer Richard J. Bultman, M.D.

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

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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 a shareholder 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)