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FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G76961** (3)

1. Corporation Name  
**CLINICORP OF FLORIDA, INC.**

Principal Place of Business  
**5978 POWERS AVENUE  
JACKSONVILLE FL 32217**

Mailing Address  
**5978 POWERS AVENUE  
JACKSONVILLE FL 32217-2210**



3. Date Incorporated or Qualified  
**01/01/1984**

3a. Date of Last Report  
**08/07/1996**

4. FEI Number  
**59-2421594**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKINNER, HALCYON  
100 LAURA STREET  
JACKSONVILLE FL 32202**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>KIELY, ROBERT FRENCH, MD</b>	
STREET ADDRESS	<b>601 S. FIRST STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBERIS, CARLOS</b>	
STREET ADDRESS	<b>8119 HUNTERS GROVE RD</b>	
CITY-ST-ZIP	<b>JAX, FL 00000</b>	
TITLE	<b>TM</b>	<input type="checkbox"/> DELETE
NAME	<b>PEREZ-POVEDA, JORGE, MD</b>	
STREET ADDRESS	<b>8282 WOODGROVE RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>JEREMIAH, CLIFFORD, J.MD</b>	
STREET ADDRESS	<b>6749 FINCANNON DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE:

*Jorge Perez-Poveda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/97* (404) 641-1925  
Date Daytime Phone #

CR2E034 (9/96)