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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(4)

	m n. Campbell, m.d. f	P.A.						
incipal Place of	BL siness	Mailing Address			1 100/01/ 21/0 1/22 1/10/ 1/27			
1801 BARRS	ST	1801 BARRS ST. Suite 300-C						
STE 300-C	I F FL 32204	JACKSONVILLE FL 3	2204		3. Date Incorporated or Qualified	3a. Date	of Last F	Report
JACKSONVILLE FL 32204 US		Ü\$				03/06/1995		
Original Plac	e o' Business	2a, Mailing Address			10/01/1984 4. FEI Number	l <del></del>		Applied For
-nncipai mac	6 0 Daylingsa	26			59-2449582			Not Applicab
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
		27			6. Election Campaign Financing			0 May Be
City & State		City & State			Trust Fund Contribution		Add	ed to Fees
Zip Country		Zip Cou		<del></del>	8. This corporation has liability for intangible tax under s 199.032		199.032,	
r-'P	25	29	30		Florida Statutes X Yes  10. Name and Address of New F		Ageni	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address bi New P	registered	Agent	
Campbell., William N., M.D. 2561 Riverside Avenue Jacksonville Fl 32204			62	Street Addi	dress (P.O. Box Number is Not Acceptable)			
			83	1				
JAUNOI	UNVILLE FL SEEDY		84	City			85	Zip Code
			1		ration submits this statement for the pured of directors. I hereby accept the app	FL	<b>-</b>	
or registere familiar with	the provisions of Sections 607.05 d agent, or both, in the State of Flant, and accept the obligations of, Segnature, typed or printed name of rejected agents.	gent and title if applicable (N	··		ad when reinstating) ADDITIONS/CHANGES TO OF	DATE		
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SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR