


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-25-2007 90053 037 ***150.00

DOCUMENT # H74078 1. Entity Name ID ASSOCIATES OF JACKSONVILLE, P.A.		
Principal Place of Business 1801 BARRS ST. STE 610 JACKSONVILLE, FL 32204	Mailing Address 1801 BARRS ST. STE 610 JACKSONVILLE, FL 32204	
DO NOT WRITE IN THIS SPACE		
01122007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2569225		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KATHLEEN H. COLD ONE INDEPENDENT DR SUITE 2301 JACKSONVILLE, FL 32202		
DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BARTLEY, DONALD C. 1801 BARRS ST. STE 610 JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BARTLEY, KIM 1801 BARRS ST. STE 610 JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JEAN-PAUL MONTROYA, M.D. 1801 BARRS ST STE 610 JACKSONVILLE, FL 32204 <u>PRESIDENT</u>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>[Signature]</i></u> 1/17/07 (904) 387-5027 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		