FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J20828 1. Corporation Name CHARLES P. ADAMS, JR., M.D., P.A.

(6)

FILED
May 18 1998 8:00am
Secretary of State

		• •								
Principal Place of Business Mailing Address							III AIAN BIAK EID		il 01011 1901	
1034 RIVERSIDE AVE		1034 RIVERSIDE AVE			ĺ					
JACKSONVILLE FL 32204		JACKSONVILLE FL 32204								
		• • • • • • • • • • • • • • • • • • • •			L	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
		. ,				<u>06/24/1986</u>				
2. Principal Place of Business 2a. Mailing Add			ddress			4. FEI Number			oplied For	
21		[26]	·			59-2685095			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1			5. Certificate of Status Desired	\`		Additional	
City & State		City & State						Fee Re		
						Election Campaign Financing		\$5.00		
Zip Country		Zip Country				Trust Fund Contribution		Added (
-		29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	Name and Address of Current		130]			Name and Address of New Re			<u> </u>	
AD	AMS, CHARLES P., JR.		В	Name		0	g.o.o.o.o.o.o.g.			
1034 RIVERSIDE AVE.				1						
STE 314			8	2 Street A	Address	(P.O. Box Number is Not Acceptal	ole)		ł	
JACKSONVILLE FL 32204			8	3						
JACKBONAILLE PL 32204				<u></u>						
			8	4 City			FL	15 Zip (Code	
4.4 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	tos the abo	ve-named o	cornora	tion submite this statement for the		angion it	te registered	
office or re	egistered agent, or both, in the State o	of Florida, Such change was	authorized I	by the corp	oration's	s board of directors. I hereby acce	pt the appoint	ment as	registered	
agent. La	m lamiliar with, and accept the obligat	tions of, Section 607,0505, Fi	orida Statut	9S.					Ì	
SIGNATURE	Signature: typed or printed harble of registered agen	Condition Course able (MC)	II . Registered A	nont sinnahen e	required w	han reinslating)	DATE			
12.	OFFICERS AND		13.	gen bigina o i	requires in	ADDITIONS/CHANGES TO OFFIC		RECTOR	8S IN 12	
TITLE	DP	DELETE	1 1 TITLE		DPT			Change	Addition	
NAME	ADAMS, CHARLES P., JR. 12		1.2 NAMI						İ	
STREET ADDRESS	1034 RIVERSIDE AVE.	1.3 \$		1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			ST-ZIP					ŀ	
TITLE		DELETE ;						Change	Addition	
NAME		2.2 N					_	-	_	
STREET ADDRESS				2.3 STREET ADDRESS						
CATY-ST-ZIP			2. 4 CITY						- (
TITLE		DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAMI)				0	_	
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP			3 4. CITY						l.	
TIFLE		DELETÉ	4.1 TITLE					Change	Addition	
NAME			4. 2 NAM							
STREET ADDRESS				- j					ļ.	
City-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP						ļ	
TITLE								Change	Addition	
NAME			5.1 TITLE 5.2 NAMI	1				J		
	TREET ADDRESS		1	5.3 STREET ADDRESS					İ	
									j	
CITY-ST-ZIP		DELETE	5.4 CITY					Change	Addition	
TITLE		MI PERFIE	6.1 TITLE					Jimigo	rounder	
NAME STREET ADDRESS			6.2 NAM	ſ					}	
STREET ADDRESS			1	1 ADDRESS						
CITY - ST - ZIP			5.4 CITY	S1-ZIP						

14. Thereby 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 changes to a 37 marchinent with an address

SIGNATURE:

4/22/98

(904) 354-2114