

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J99914 1. Entity Name MCCOY MEDICAL ASSOCIATES, INC.					
Principal Place of Business % W.A. GARTNER 3835 FAIR BANKS FOREST DR JACKSONVILLE FL 32223			Mailing Address % W.A. GARTNER 3835 FAIR BANKS FOREST DR JACKSONVILLE FL 32223		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2856299	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCOY, EDWARD W 3835 FAIR BANKS FOREST DR SUITE 600 JACKSONVILLE FL 32223				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, EDWARD 3283 BROKEN BRANCH LANE JACKSONVILLE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: right;"> U00000486031 04/13/06-80021-003 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, J.P. 8381 DIX ELLIS TRAIL 100 JACKSONVILLE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, DONALD 6944 ST. AUGUSTINE RD. A JACKSONVILLE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edward W. McCoy *Edward W. McCoy* 3-28-06 904 268373